



2003 - 2004
Annual Report

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Letter of Transmittal

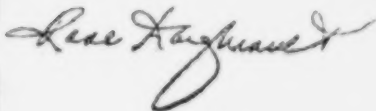
The Honorable John Nilson
Minister of Health
Province of Saskatchewan
Room 361, Legislative Building
REGINA, SK S4S 0B3

Dear Mr. Nilson,

The Keewatin Yatthé Regional Health Authority is pleased to provide you and the residents of the Health Region with its 2003-04 Annual Report.

This report provides the Audited Financial Statements of the region for the Year Ended March 31, 2004 as well as outlining the Region's activities and accomplishments for that period.

Respectfully Submitted,



Rose Daigneault
Chairperson

Keewatin Yatthé Regional Health Authority Board of Directors

Rose Daigneault, Chairperson, Ile a la Crosse

David Seright, Vice Chairperson, Buffalo Narrows

Gloria Apeis, English River First Nation, Patuanak

Lester Herman, La Loche

John Janvier, La Loche

Stella Laliberte, Beauval

Annette Montgrand, La Loche

Dorah Montgrande, Buffalo River Dene Nation, Dillon

Ross MacLeod, Buffalo Narrows

Yvette Morin, Ile a la Crosse

Tina Rasmussen, Green Lake

Mission, Mandate and Principles

Mission:

"Wholistic Health of Keewatin Yatthé Health Region Residents"

Wholistic Health Includes:

- The concepts of the integration and balance of physical, mental, emotional, and spiritual wellness
- The recognition that the health of individuals is developed and maintained within the context of family and community
- Individual, family, and community self-reliance (acceptance of appropriate responsibility) is critical to the maintenance and improvement in population health and the long-term reduction in demand for health services
- Focus on roots of issues and problems not just on the symptoms (presenting issues/problems).

Mandate:

We believe that ultimately we are all accountable to the Creator for our actions and that our spiritual development is contingent upon the relationship between the individual and the Creator. Within this context, our mandate comes from:

- Legislation (relevant provincial and federal legislation)
- Department of Health and its Policies and Procedures
- Community (the community mandate is illustrated in the priority issues as defined by the community in 1998/99 and listed on the issues diagrams and the former strategic plan)
- The partnerships that are developed by the Regional Health Authority

Principles:

We believe that adults are responsible for their own health supported by their extended family and local community. That the role of the Regional Health Authority is to assist individuals, families, and communities to develop the knowledge, skills, abilities and resources to carry out this responsibility. In carrying out our role, the Keewatin Yatthé Regional Health Authority will act in accordance with the following principles:

- We will show respect for everyone as a foundation for working together.
- We will focus on healthy communities by emphasizing those factors that build healthy individuals and families.
- We will focus on healing in our own lives and in the individuals, families and communities in our region.
- We will recognize in our programs, services, and activities that a significant component of wholistic healing is the healing of our spiritual lives and will support individual and family approaches to spiritual healing.
- We will strive to create an attitude of responsibility and self-reliance in our people, our families and in our communities.

- We will support, strengthen, and build upon the skills, knowledge and energy of our board members, our staff, and the people of the region so that we can all work towards our full health potential. We will build upon our strengths, we will remediate our weaknesses, we will not violate our potential.
- We will strive to meet the needs of all our people in our decisions, our programs, and our activities.
- We will do our best to encourage and support the healing initiatives of our people, families, and local communities.
- We will support community caring and other traditional strengths in our programs and activities.
- We will utilize the skills, talents, and abilities of local people as much as possible in all initiatives, programs, and activities.
- We will build on our existing community-based services.
- We will strive for excellence in our Quality of Care, in the quality of our workplace, and in the qualifications, skills and attitudes of our staff. We will insist that our standards of care and range of services will not be less than any other Health Region in Saskatchewan and Canada.
- We will remain committed to the continuing development and enhancement of the Northern Health Strategy in cooperation with our northern partners.

Goals & Objectives

The goals and objectives of the Keewatin Yatthé Health Region as per KYRHA strategic plan are consistent with the broad provincial goals for the health system.

Provincial Goal # 1

- Improved Access to Quality Health Care

Keewatin Yatthé Health Region

- Ensure accessible health services for all Region residents.
- Develop/maintain facilities and services to meet the goal of reasonable access.
- Promote/develop Primary Health Care Services as per Saskatchewan Action Plan Guidelines.

Provincial Goal # 2

- Effective Health Promotion and Disease Prevention

Keewatin Yatthé Health Region

- Support the physical, mental, emotional and spiritual wellness of Region residents.
- Promote healthy lifestyles
- Increase awareness of those activities, attitudes, beliefs, principles, and initiatives that lead to healing and healthy lifestyles.
- Develop linkages/networks to support healing and healthy lifestyles

Provincial Goal # 3

- Retain, Recruit and Train Health Providers

Keewatin Yatthé Health Region

- Retain, recruit and develop the Region's Human Resources
- Services empowering people
- Training plan to employ local residents
- Establish and develop a Human Resources Recruitment, Retention and Training Strategy.

Provincial Goal # 4

- A Sustainable, Efficient, Accountable and Quality Health System

Keewatin Yatthé Health Region

- To be fiscally responsible
- Provide optimal health services while ensuring the efficient, effective and economical use of available resources.
- Assess potential risks in a timely fashion ensuring an appropriate resolution of issues.
- Ensure consistent financial performance measurement.
- Ensure the financial plan reflects the strategic plan.
- Develop a comprehensive communications plan
- Ensure appropriate monitoring of overtime and sick time trends

Governance and Organization

The Keewatin Yatthé Regional Health Authority (KYRHA) is responsible for the planning, organization, delivery and evaluation of wholistic health services within the geographic area known as the Keewatin Yatthé Health Region.

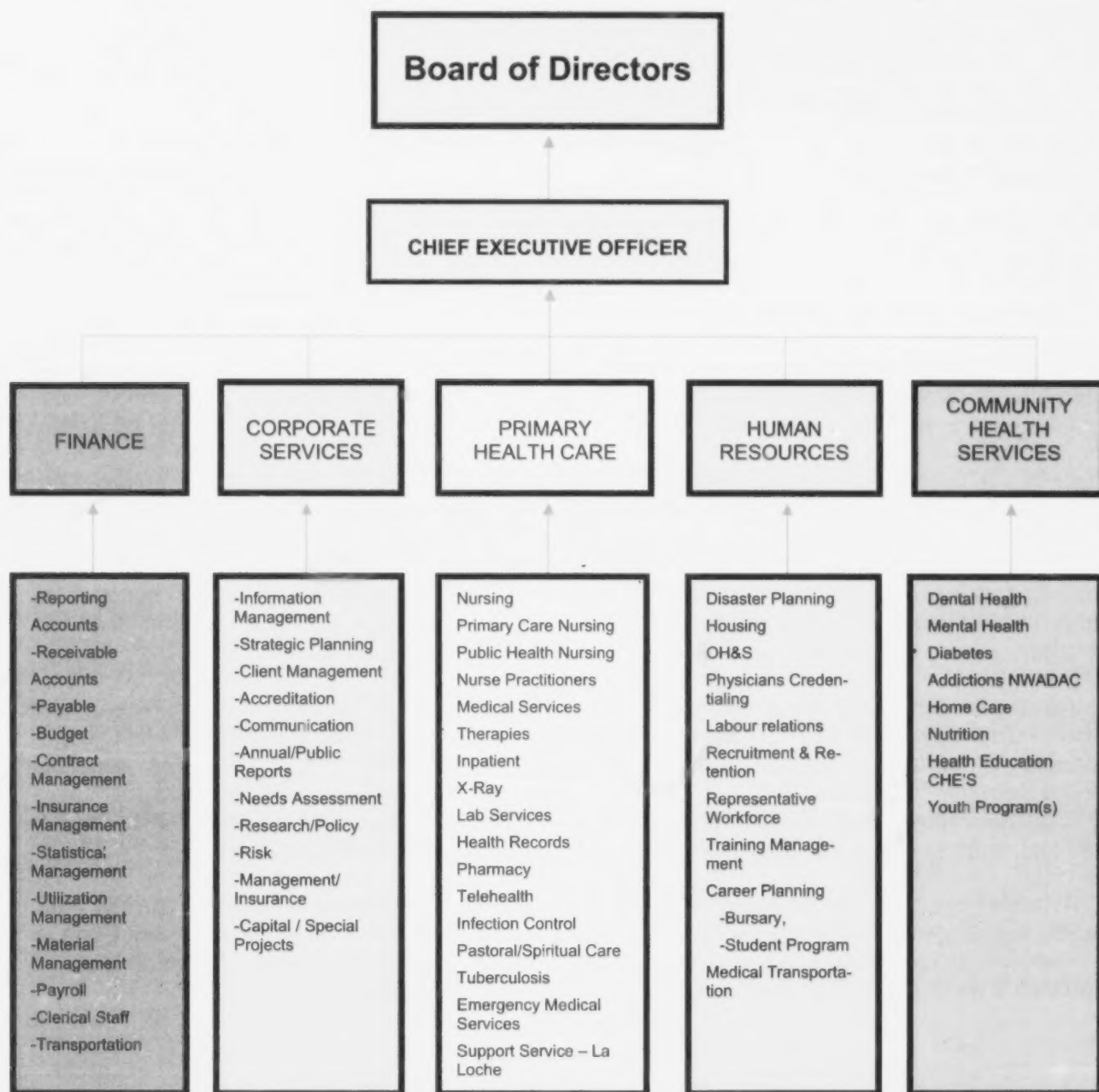
KYRHA is a twelve-member board with cross regional representation. Keewatin Yatthé does not have any formal committees as all discussion occurs with the entire board (committee of the whole) in attendance. Board committees if required are established on an ad hoc basis to deal with specific issues as they arise.

The Chief Executive Officer reports directly to the Keewatin Yatthé Regional Health Authority Board, and is responsible for establishing, recommending, and monitoring all operations under KYRHA jurisdiction.

The Senior Management comprised of Director of Primary Care, Director of Community Health Services, Director of Human Resources, Director of Finance and the Director of Corporate Services are responsible for the capital planning (i.e. facilities, equipment, etc) as well as the delivery of programs and services.

Public Transparency:

- Board meetings are open to the public and are advertised in local newspapers and radio stations, to accommodate the many languages within the Region. Board meetings throughout the year were held in different communities within the Region, with letters of invitation to community leaders to accommodate a forum for dialogue on local issues or concerns.
- Meetings with municipalities as well as First Nation communities and other organizations as requested.
- A communication assessment has been engaged to determine a strategy for providing information internally and externally.
- Ad hoc committees involving community members were established and initiated to assist in areas required such as the capital planning process.
- Interdisciplinary Group meetings are attended to gain additional insight into community issues.
- The use of newsletters, news releases and posting information on the website.
- Production and distribution of strategic plans, operational plans and annual reports.



Board of Directors

CHIEF EXECUTIVE OFFICER

FINANCE

- Reporting Accounts
- Receivable Accounts
- Payable
- Budget
- Contract Management
- Insurance Management
- Statistical Management
- Utilization Management
- Material Management
- Payroll
- Clerical Staff
- Transportation

CORPORATE SERVICES

- Information Management
- Strategic Planning
- Client Management
- Accreditation
- Communication
- Annual/Public Reports
- Needs Assessment
- Research/Policy
- Risk
- Management/Insurance
- Capital / Special Projects

PRIMARY HEALTH CARE

- Nursing
- Primary Care Nursing
- Public Health Nursing
- Nurse Practitioners
- Medical Services
- Therapies
- Inpatient
- X-Ray
- Lab Services
- Health Records
- Pharmacy
- Telehealth
- Infection Control
- Pastoral/Spiritual Care
- Tuberculosis
- Emergency Medical Services
- Support Service – La Loche

HUMAN RESOURCES

- Disaster Planning
- Housing
- OH&S
- Physicians Credentialing
- Labour relations
- Recruitment & Retention
- Representative Workforce
- Training Management
- Career Planning
- Bursary,
- Student Program
- Medical Transportation

COMMUNITY HEALTH SERVICES

- Dental Health
- Mental Health
- Diabetes
- Addictions NWADAC
- Home Care
- Nutrition
- Health Education
- CHE'S
- Youth Program(s)

Community Network Advisory Committees

As per the Regional Health Services Act Section 28 the Regions are required to establish Community Advisory Networks. The Networks are designed to contribute to the Region's planning process by advising the Authority on broad issues related to the health issues of the community and to assist the authority in understanding the needs and priorities of the region.

KYRHA decided to form two Community Advisory Networks, one representing the northern part of the region and one in the south. Invitations were sent to Municipal and First Nation Band Councils to appoint representatives and solicit input. However, there were difficulties filling the positions for these networks. Of twenty-two (22) communities, eight (8) have appointed representatives. There continues to be challenges in contacting the communities. KYRHA is in the process of arranging face-to-face meetings with Councils to discuss the role of the committees. KYRHA is not confident that such formal networks would be useful in the Region as the use of informal structures have proven to be a valuable avenue of community participation therefore plans are underway to explore less formal structures that would serve the same purpose. Within these less formal structures the focus will be on building on the current strengths of the people in the communities. KYRHA is interested in utilizing existing committees and interest-based groups thereby providing opportunities for the region to exchange information with these groups.

The integration of the Networks into the Primary Health Care Teams is currently under review. The review will include consultation with community members, clients, and agencies that are interested in community development, community empowerment and needs assessment. In addition, the Region will involve the public in Primary Health Care Committees and Accreditation Teams. The Quality of Care Coordinator is encouraging client involvement in any committees that may affect change in service delivery to clients. The Region plans to organize a focus group and involve clients in an emergency room systems review. There is also public involvement at the Board level.

The local community capital planning committees (La Loche, Buffalo Narrows, Beauval, Green Lake, Ile a La Crosse) were established by Keewatin Yatthé Health District during the Board's first year of operation to collaborate with the board and management team in facilitating the strategic capital plan for the Keewatin Yatthé Health District. Working in collaboration with the Health Board's Management Team, Saskatchewan Health, and a contracted project coordinator each committee was mandated to develop a functional program for their specific community project.

KYRHA participates in the Westside Intersectoral Group, which is a group of representatives from health, learning, justice, recreation, municipalities, police, Human Resources Development Canada and community resources and employment that meet to discuss common issues of coordination. Healthcare workers participate in community inter-agency committees.

Health Care Organizations and Other 3rd Party Relationships

St. Joseph's Hospital (Affiliate)

Hospital services are provided through an Affiliation Agreement and an annual Operational Agreement. The operational agreement outlines program and service delivery parameters along with reporting requirements to ensure access to appropriate inpatient and out patient medical services for the population served. Services provided range from 24/7 emergency services; general medicine; basic lab and x-ray services; and observation, assessment, convalescent and palliative care. Networking and transfer arrangement for patient's needs cannot be met in the hospital is also included.

La Loche Physician Alternate Payment Arrangement

A separate alternate payment arrangement was successfully negotiated with a group of physicians with the assistance of Saskatchewan Health to provide services to La Loche and surrounding area. Hospital services provided range from 24/7 emergency services, general medicine, basic lab and x-ray services, observation, assessment, convalescent and palliative care.

Northern Medical Services provides physician services through a polypartite agreement that includes a partnership of Saskatchewan Health, Health Canada, the University of Saskatchewan, First Nations Tribal Councils, Northern Intertribal Health Authority and the three Northern Health Authorities. Northern Medical Services assists in ensuring the provision of Medical Services.

Itinerant Specialist Services – a variety of specialist services such as Occupational Therapy, Obstetrics/Gynecology Ultrasound Clinics etc.

Meadow Lake Tribal Council provides Primary Care Nursing Services and after hours emergency care accessed by residents of Jans Bay/Cole Bay at Canoe Lake; Michel Village/St. George's Hill at Buffalo River and Turnor Lake at Birch Narrows.

MD Ambulance provides regional emergency medical dispatch services to ensure timely access for emergency transportation to the Region's hospitals.

Ile a La Crosse Friendship Centre contracts the Successful Mother's Support Program. The Successful Mother's Support Program is integrated childhood prevention, early intervention community based program for teens, young and disabled parents living in disadvantaged condition (e.g. poverty, social isolation), which put them and their children at risk of not achieving good health and well being.

La Loche Community Development Corporation receives financial support to assist with the provision of an individual to provide professional services in the position of Community Development Coordinator to enhance the health status of community residents.

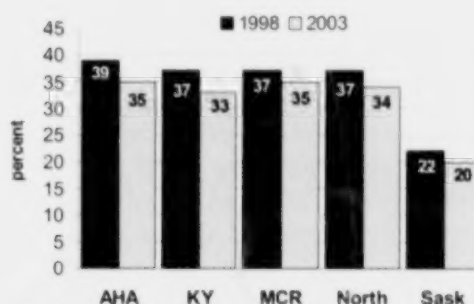
Regional Environmental Scan

Key geographical, social and economic factors influencing regional priorities and actions

For an in-depth picture of community characteristics and non-medical determinants of health, see the 2004 Northern Saskatchewan Health Indicator Report.

Population Less Than 15 Years of Age

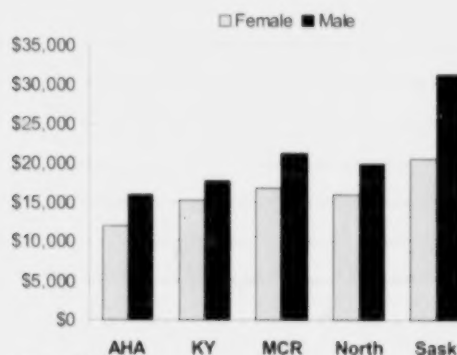
1998 and 2003 Covered Population



Source: Sask Health Covered Population

The population of KYRHA is composed of approximately 33% youth under the age of 15 years in comparison to the provincial approximation of 20%.

Average Personal Income, By Sex, 2000

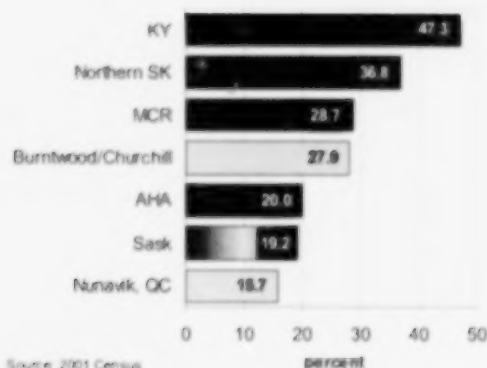


Source: 2001 Census

The average male in Northern Saskatchewan has an income of approximately \$20,000 in 2000 compared to about \$32,000 in the province. The differences in personal income between men and women is slightly less in northern Saskatchewan (a difference of about \$4,000 or 26%) compared to the province (a difference of about \$11,000 or 35%). In KYRHA, the average personal income for males and females is somewhat lower than the northern average income level.

Children in Low Income Families, Age 17 and Under

By Northern Region (Off Reserve Communities), 2000

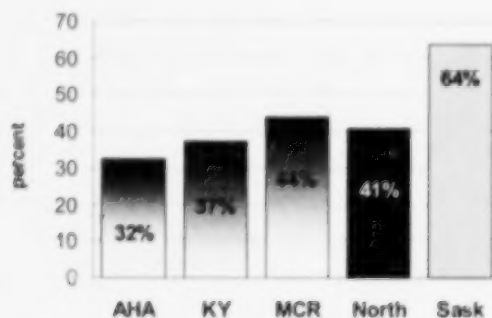


A child living in poverty is a widely-used measure of children at risk for a wide variety of health and social issues. The low-income cut-offs (LICO) represent levels of income where people spend disproportionate amounts of money for food, shelter, and clothing and are based on family and community size.

Low-income cut-off (LICO) data were not available for economic families or unattached individuals in the territories or on First Nations' reserves from the 2001 census.

For KYRHA, the Census data reveals that 47.3% of children are in low-income families.

Employment Rate, Percent of population aged 15 and up, 2001



Across northern Saskatchewan the employment rate is almost 41% compared to 64% for the province as a whole. There are some differences in employment across the north, with the far north having the lowest employment rate. There are also differences in the employment rate between males and females.

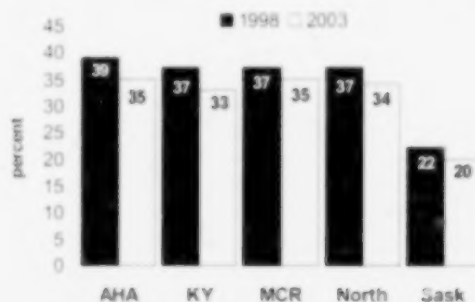
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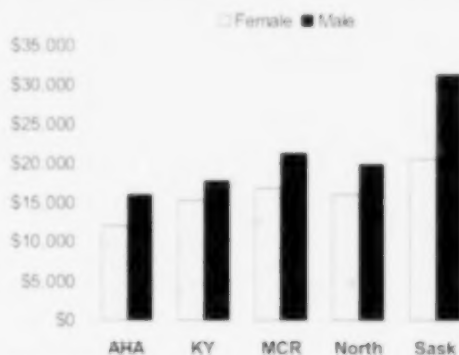
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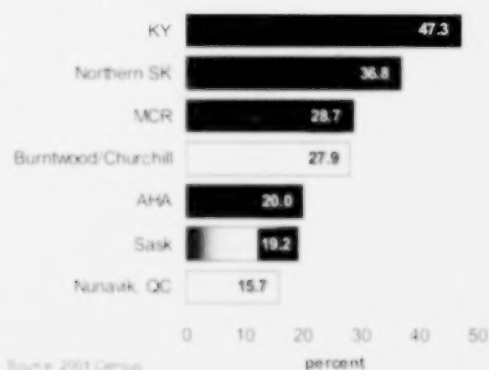


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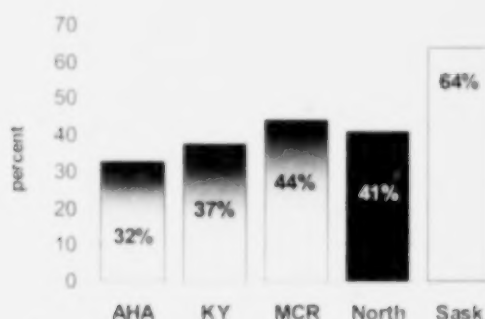


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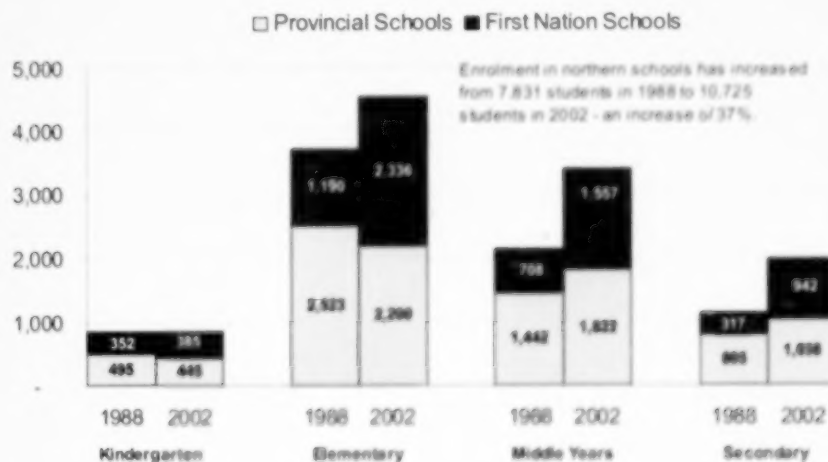


Across northern Saskatchewan the employment rate is almost 41% compared to 64% for the province as a whole. There are some differences in employment across the north, with the far north having the lowest employment rate. There are also differences in the employment rate between males and females.

The employment rate in KYRHA is slightly lower than the average northern.

Northern Saskatchewan School Enrolments

By First Nations and Provincial School Systems, 1988 and 2002



Source: 2002-2003 Provincial school enrolments from Northern Lights, Boreal Crosses, and Creighton School Divisions; First Nations Schools; Northern Education Task Force Report 589; Indian and Northern Affairs Canada 2002/2003 Northern Roll; Northern Saskatchewan Regional Training Needs Assessment Report 2003.

Enrolments in schools increased from 1988 to 2002 in northern Saskatchewan with the greatest increase found in the secondary schools, followed by the middle years and elementary schools. First Nations' schools had larger increases in enrolments in all levels compared to northern provincial schools, in which there was a slight decrease in enrolment in kindergarten and elementary grades during this period.

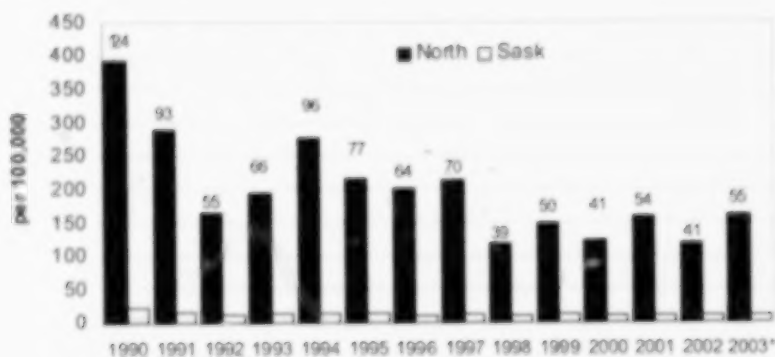
Emerging Health Issues

Tuberculosis

For most people in Canada, the risk of developing tuberculosis (TB) is very low. However, certain population groups in Canada have an increased risk of TB infection, including people born in countries where TB is widespread, Aboriginal peoples, homeless people, and people who live in long-term care or correctional facilities. In Northern Saskatchewan, even though TB is completely curable with antibiotics, it continues to be a health problem.

Since 1990 there has been a reduction in the rate of TB in Northern Saskatchewan. In 1990, the rate was almost 400 cases per 100,000 population and this has decreased to about 160 per 100,000. In comparison to the Saskatchewan rate, the rate has remained at more than 17 times greater in the north for both 1990 and 2003. The rate has remained relatively level with some ups and downs over the past 5 years.

Reported New Active & Relapsed Tuberculosis Incidence Rate By year of diagnosis, 1990-2003



Source: Sask Health, TB Control and Health Canada

*preliminary data

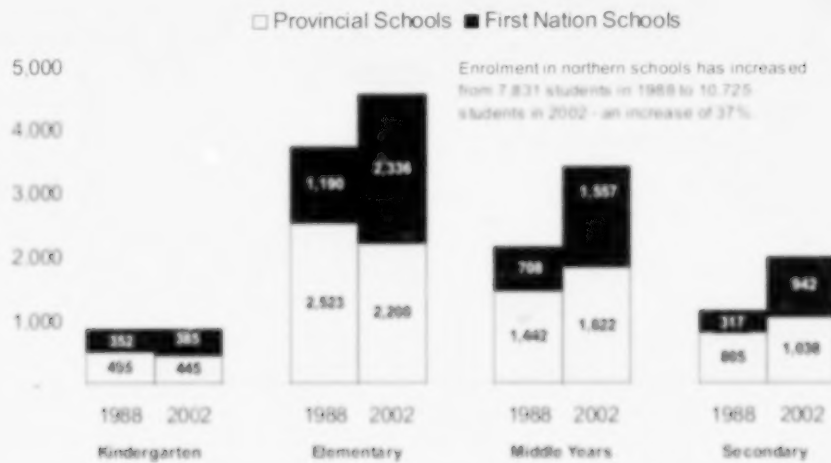
Tuberculosis in Northern Saskatchewan

	2002		2003	
	Off-reserve	On-reserve	Off-reserve	On-reserve
AHA	0	2	0	22
KY	18	5	23	1
MCR	4	9	1	8
North	22	16	24	31

There were 38 cases of tuberculosis diagnosed in 2002 and 55 in 2003 in Northern Saskatchewan. In 2002, 22 cases (or almost 54% of the northern cases) were located off-reserve and in 2003, 24 cases (or almost 45% of the northern cases) were located off-reserve. Northern Métis and First Nations peoples are the most affected. In 2002, about 46% of the Saskatchewan cases of TB occurred in the north. In 2003, almost 60% of the cases occurred in Northern Saskatchewan. In 2003, 43% of all Saskatchewan new cases of tuberculosis were diagnosed in clients living off-reserve in the KYRHA area.

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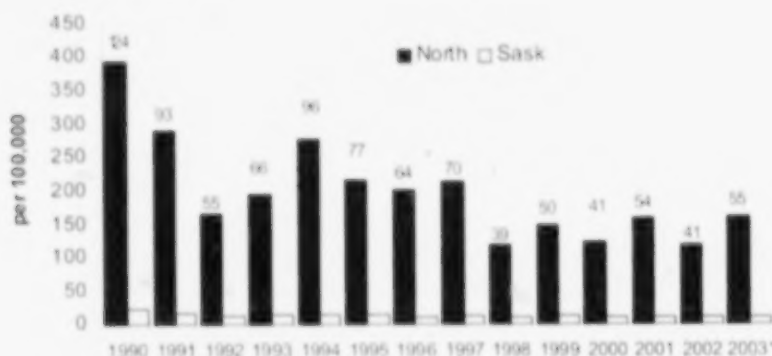
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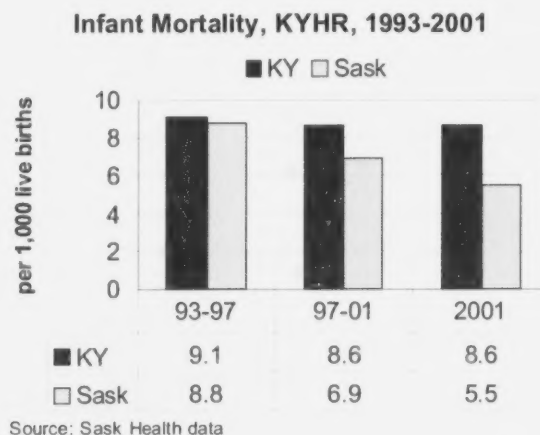
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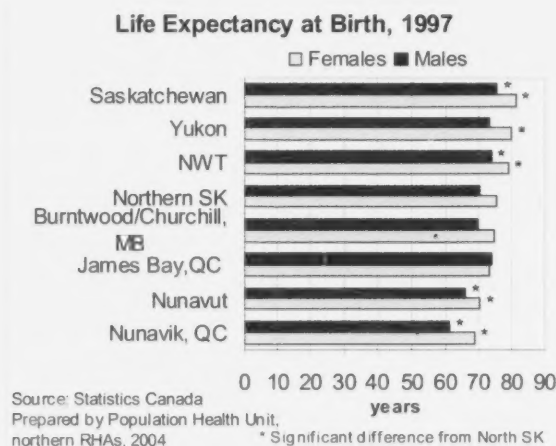
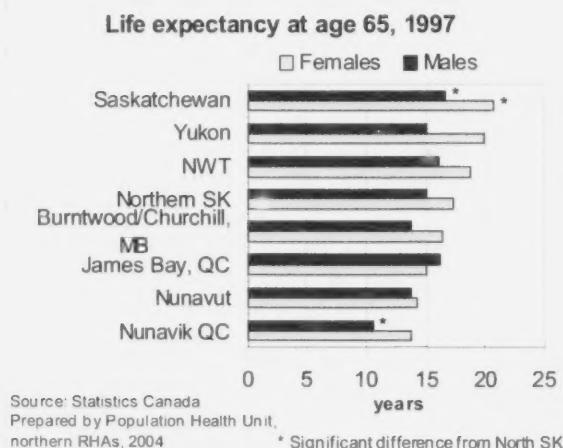
Health status and Outcome Indicators

Infant Mortality Rates



The infant mortality rate in KYRHA is greater than the provincial rate and since 1993-97 has been decreasing slowly. The rate in KYRHA is lower than the northern average rate. The northern rate for the 1998-2002 period is 12.5 and for 1993-97 was 14.1 per 100,000 live births.

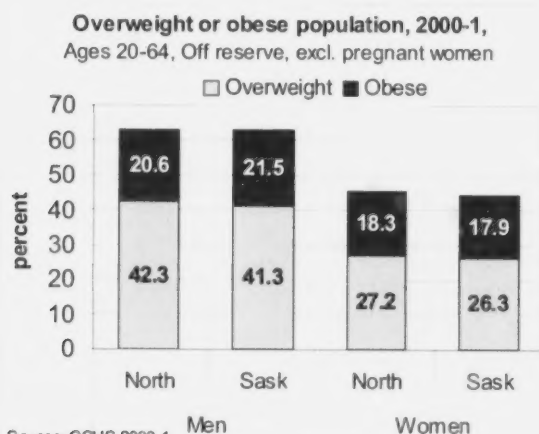
Life Expectancy



For females and males in 1997, the life expectancy at birth in the three northern health regions was 75.6 and 70.4 years respectively, significantly lower than the 81.4 and 75.6 years in all of Saskatchewan and also than in all other Saskatchewan health regions, as well as the Yukon (except for males) and the Northwest Territories. Compared to the life expectancy in other 'peer' health regions, it was similar to northern Manitoba and the James Bay Cree Region in Quebec, but significantly higher than in Nunavut and Nunavik, Quebec.

The life expectancy at age 65 for females (17.3 years) and males (15.1 years) in the three northern health regions was significantly lower than the life expectancy in all of Saskatchewan (20.7 years for females and 16.5 years for males) in 1997. However, it was similar to the life expectancy in the Yukon and the NWT and the four other northern peer health regions, with the exception of northern Saskatchewan males having a significantly longer life expectancy than in Nunavik, Quebec.

Body Mass Index (BMI): Overweight & Obesity Rates

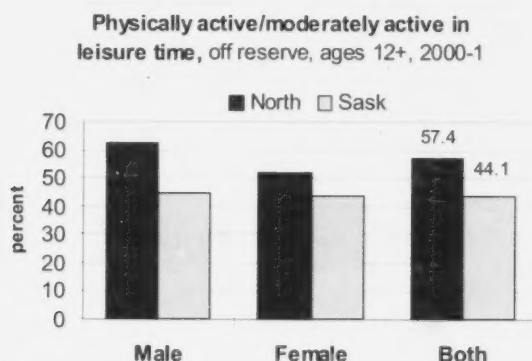


Source: CCHS 2000-1
Prepared by Population Health Unit, northern RHAs

There is an increasing health risk with BMIs in the overweight and obese categories for diseases such as type-2 diabetes, dyslipidemia (high lipids or fats in the blood), high blood pressure, coronary artery (heart) disease, gallbladder disease, obstructive sleep apnea and some cancers.

The proportion of people who reported being overweight or obese in northern Saskatchewan (54.6%) was similar to the proportion in all of Saskatchewan (53.7%) in 2000-01. The rates were higher among men than women in both the northern regions and Saskatchewan, but the differences were not statistically significant.

Participation in Physical Activity



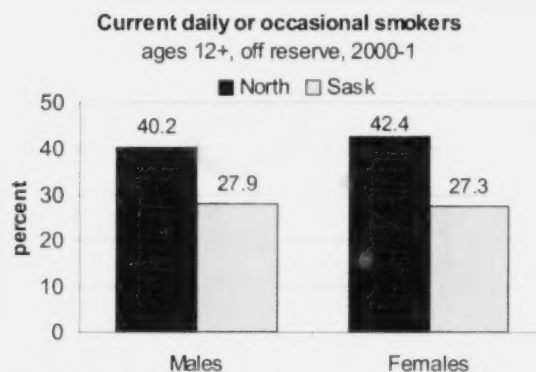
Source: CCHS 2000-1
Prepared by Population Health Unit, northern RHAs

The percent of people physically active or moderately active during their leisure time was significantly higher in the northern health areas (57.4%) than in all of Saskatchewan (44.1%), in 2000-1. More northern males than females were active or moderately active.

On the other hand, significantly fewer northern people (40.5%) were inactive compared to people in the whole province (48.9%), not shown here.

However, the Saskatchewan In-Motion survey in 2003 found that fewer northern youth were inactive than the provincial youth, though northern adults were more inactive than provincial adults.

Smoking Rates by Age and Sex

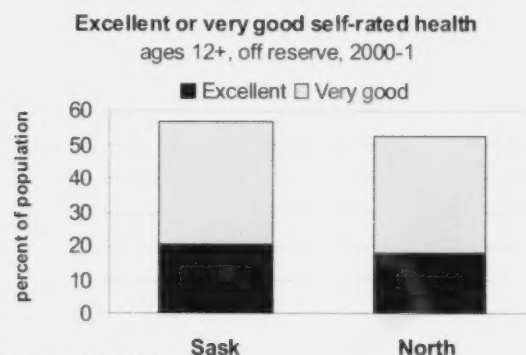


Source: CCHS 2000-1

Prepared by Population Health Unit, northern RHAs

Smoking is estimated to be responsible for at least one-quarter of all adult deaths. Smoking has an impact on a variety of cancers (especially lung cancer), heart disease and stroke, chronic lung disease, AIDS, and diabetes. In 2000-1, northern males (40%) reported being smokers more often than the provincial males (28%). Northern females (42%) reported being smokers more than the provincial females (28%) and more than the northern males. Among Saskatchewan youth aged 12-19 years, a higher percent of girls (22.4%) than boys (18.8%) reported smoking. The numbers were too small to report for northern boys, but the northern girls (41%) had the highest smoking rates of all Saskatchewan youth.

Self-reported Health Status



Source: CCHS 2000-1

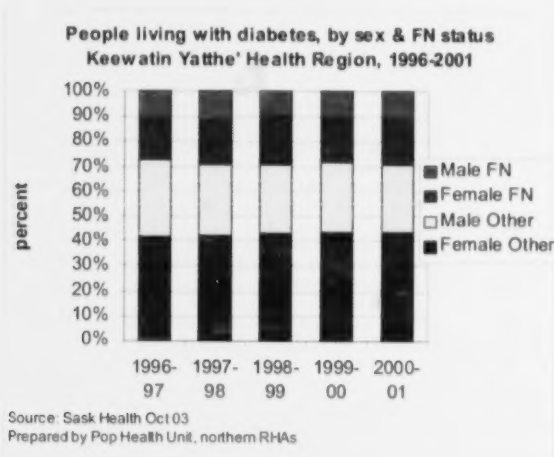
Prepared by Population Health Unit, northern RHAs

Self-rated health is an indicator of our "well-being".

It can include a self-assessment of physical, social, mental and emotional health. It can be a predictor for chronic disease, functional decline and survival.

In Northern Saskatchewan, a smaller percentage of people rated their health as "excellent" or "very good" as compared to the overall Saskatchewan population.

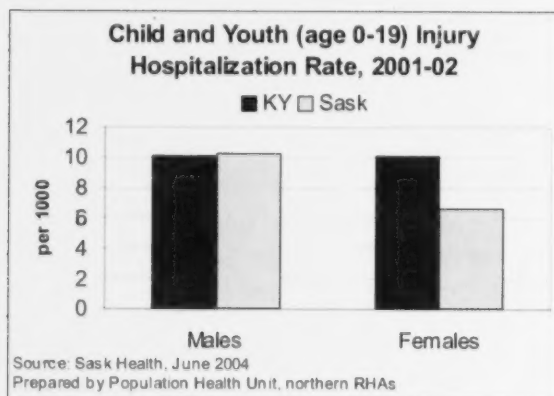
Diabetes Prevalence Rate



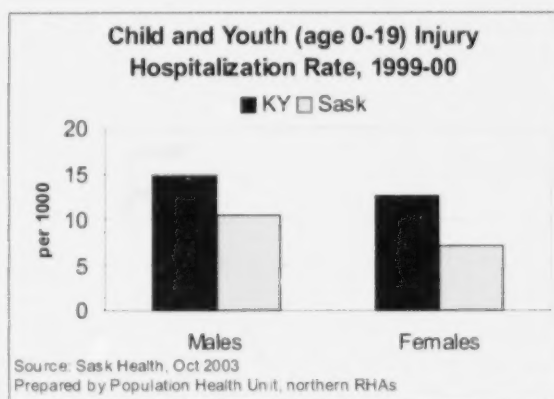
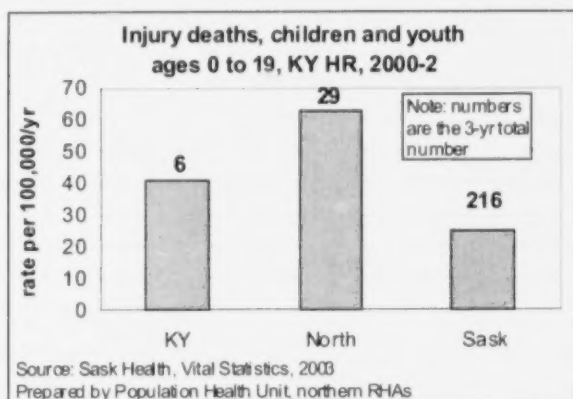
The age-sex adjusted prevalence rate of diabetes in 2000-1 was 61.5 cases per 1000 people compared to the Saskatchewan rate of 40.2/1000. As the identification of people with diabetes relies on physician billing and hospitalization data, the rate is likely under-estimated for Keewatin Yatthé Health Region, because there was no hospitalization data for La Loche Health Centre for May 2000 to December 2001 and data from the salaried physicians at Ile a la Crosse is not available.

Within KYHR, the number of people identified with diabetes increased from 188 in 1996 to 334 in 2001. The percentage that was not First Nations increased from 72.9% to 71%, as shown in the graph on the left. The proportion of diabetics who were female increased by 3.2% over the five-year period (by 2.2% among First Nations and by 3.5% among the rest of the population with diabetes).

Child and Youth Injury Hospitalization Rates



The 2001-02 data shows the hospitalization rate for child and youth injury to be similar in KYHR and Saskatchewan males and 1.5 times higher in KYHR females compared to Saskatchewan females. However the KYHR rates are underestimated, as acute care data was not available for the La Loche Health Centre for April to December 2001 in this fiscal year. The comparison for 1999-2000 would be more useful, as the data is complete for that year.



In 1999-2000, the child and youth injury hospitalization rate was highest in males and 1.4 times higher in KYHR males and 1.8 times higher in KYHR females compared to Saskatchewan males and female aged 0 to 19 years. The child and youth injury death rate in KY health region was lower than in the whole north but 1.7 times the rate in the whole province in 2000-2. This rate should be viewed with caution because of small numbers.

Human Resource Capacity is an ongoing issue and staff shortages create serious implications for service delivery.

Even though extensive efforts, both traditional and innovative, have been undertaken to recruit and retain staff, vacancy and turnover rates continue to be a major issue. The nature of working in isolated / remote areas, a workload that is by far greater, more complex and more varied than other provincial jurisdictions, a vast geographic area of responsibility and the limited ability to follow-up to ensure effective improvements all lead to significant frustration and extensive burn-out.

For example, the Acquired Brain Injury Educator (is one of four one-of-a-kind positions which comes under the direction of the Co-Management Process) provides injury prevention services across the north. With the funding capped, service provision has proven to be very limited. It is the intent of the health authorities to pursue the four positions for each region in the near future as population demographics, injury and teen pregnancy statistics, and self identity issues continue to rank as chronic health issues. Further discussion with Saskatchewan Health is necessary to resolve these issues.

Another major challenge exists in the areas of human and financial resources in shifting from a medical/curative model to that of a wholistic population health model. The Western medical model is still very focused on physical health. Aboriginal people suffer from loss of identity and self esteem and the mission alignment of the KYRHA workforce will entail a major paradigm shift from the Western medical model to that of a wholistic population health promotion model.

Medical Health Officer (MHO) capacity – The internal and external evaluation of the co-management agreement and population health unit identified the capacity of MHO services across the north as a key issue. A determination of an appropriate level of service needs to be conducted.

Capital facilities infrastructure currently used are not designed to accommodate a health care delivery model. This poses undue hardships on program and service delivery. Ongoing negotiations with Saskatchewan Health on the replacement of existing lease facilities is essential in enhancing the health status of employees and region residents.

Major Initiatives/Accomplishments

Northern Health Strategy (NHS)

3.4 million in funding through the national primary health care transition fund was acquired. The NHS is a unique health strategy for northerners – made by northerners – and implemented by northerners working together in a variety of relationships/partnerships to improve the health status in Northern Saskatchewan.

Recruitment, Retention & Training Strategy

A steering committee was formed to address the issue recruitment, retention and training of staff in the Health Region. The steering committee consisted of Board, Management and Staff.

The direction of the committee was guided by the Board's Strategic Plan to build on the strengths of the Region, to fit within a "Wholistic" approach to health in addressing the root causes of problems not just the symptoms.

The committee retained the assistance of consultants to assist in the process of identifying issues among current staff, former staff and people from outside agencies whom the Region does business with.

The Recruitment, Retention and Training Strategy came from four basic concerns, the long-term needs of the Region to provide a quality service in a team environment, the difficulty the Region has in recruiting qualified personnel to deliver the needed services, the difficulty in maintaining a stable workforce and the desire of the Board (and the community) that local people occupy as many of the available jobs in health care as possible.

The Strategy has been completed and implementation is underway.

Employee and Family Assistance Program (EFAP)

In the spring of 2003 an EFAP was implemented and made available to all health staff within KYRHA. This included the employees at St. Joseph's Hospital an affiliated health agency of KYRHA.

The EFAP is an employee benefit fully funded by the employer. Employees have access to confidential, professional assistance through counseling for themselves, spouses and dependents to help resolve personal difficulties. It is designed to allow employees and their families to seek help on their own.

We recognize our employees as our most valuable asset and as such must ensure that they remain strong healthy individuals in mind, body and spirit.

Communications Strategy

The Region determined a need to effectively plan and coordinate communication approaches that build public support and awareness for the regional delivery of health care services. A comprehensive communications review was initiated to enhance communications to the Board, staff, public, community and government about the opportunities, achievements, endeavors and challenges the region experiences.

Informational Technology Plan (IT)

The Region is fully networked and inter-connected provincially by the Health Information Network initiative commonly called Community Net. The enhanced information network allows us to track health information.

Implementation of Provincial Mental Health Information System (MHIS)

The provincial MHIS was implemented in the Region in the fall of 2003. The information system collects data on mental health client registrations and service events namely for the outpatient programs. Keewatin Yatthé does not have inpatient facilities.

Integrated Addictions and Mental Health Outpatient Programs

Many new exciting and innovative approaches were implemented with increased cooperation from Mental Health. These programs proved beneficial to the "wholistic" health of Region residents. Some of these new and revived initiatives were Community Mobile Treatment/Education pilot program, three-week outpatient program, etc.

Primary Health Care Pilot Demonstration Site on Team Development

The Region participated in a team development pilot project. The intent of the project was to enhance existing teams, create new teams and to ensure all disciplines were represented in the goal of enhancing service delivery to the Region's residents. Three specific teams were targeted for facilitation to formalize existing teams and to assist in the development of new teams. The main challenges encountered in the project were the lack of trained facilitators. Plans are underway to recruit and train additional staff to assist in developing and formalizing existing teams.

Diabetes Plan

A Regional Diabetes strategy was developed.

With the successful recruitment of a Diabetes Educator, regional diabetes clinics were established utilizing a multi/interdisciplinary approach to diabetes care as part of the regional diabetes strategy.

Community Capacity Building

In partnership with Northern Diabetes Prevention Coalition (NDPC) and the Saskatchewan Heart Health Program (SHHP) a series capacity building workshops were conducted across the north to increase capacity for sustaining healthy community change. The NDPC and the SHHP were recipients of Saskatchewan Association of Health Organization's Green Ribbon Award.

Provincial Population Health Promotion Program Development

Coordinated north-wide facilitation session on April 25th, 2003 in Beauval, participated in provincial reference group, tracking of statistical information and initial planning to reflect the key strategies of the plan.

Implementation of Provincial Chart of Accounts

The implementation of the provincial chart of accounts has allowed the KYRHA to become management information systems compliant. What this does for the organization is give greater comparability to other health organizations on both a provincial and federal level.

Progress and Results

The Saskatchewan Health Performance Plan is built on the efforts of the Saskatchewan Health Action Plan. The Performance Plan identifies four long-term goals for the delivery of health care. Key indicators and performance measurements continue to be developed for performance evaluation based on these goals.

KY Core Indicators for Progress and Results

For a more detailed assessment on KYRHA health indicators, refer to Northern Saskatchewan Health Indicators Report 2004.

Schedule 3

Governance and Management

A multi year operating plan that supports the goals and objectives included in the health system strategic plan and in accordance with the department's requirements and timeframes has been developed by the Region.

The Region participates in Intersectoral initiatives such as Kid's First North, Regional Intersectoral Committee, School Plus, Acquired Brain Injury, Northern Health Strategy Working Group, and services required under the federal Youth Criminal Justice Act.

The Region monitors funding provided to the affiliate organization, St. Joseph's Hospital and contract providers within the region.

Quality): *Organizational Effectiveness Measurements for Quality*

Although Keewatin Yatthé Regional Health Authority has not yet participated in the Canadian Council on Health Services Accreditation (CCHSA), discussions are ongoing with CCHSA to plan education sessions and to set a date to begin the accreditation process.

As a segment of the risk management program, an incident/occurrence reporting system has been developed and implemented to monitor adverse events and critical incidents. Beginning April 1, 2004, occurrences will be trended and recommendations made for improvement.

Keewatin Yatthé Regional Health welcomes client feedback on health needs, expectations, and experience with health services. The Quality of Care Coordinator receives client concerns, which are viewed as an opportunity to improve the quality of the programs provided to clients. Ongoing promotion of the concern handling process is continually being promoted to staff and the public.

Client concerns received in 2003-04:	21
Concerns resolved:	15
Average days to resolve concern:	160.5 days
46.15% of concerns were resolved within:	12.8 days.

Number and Type of Concerns Received

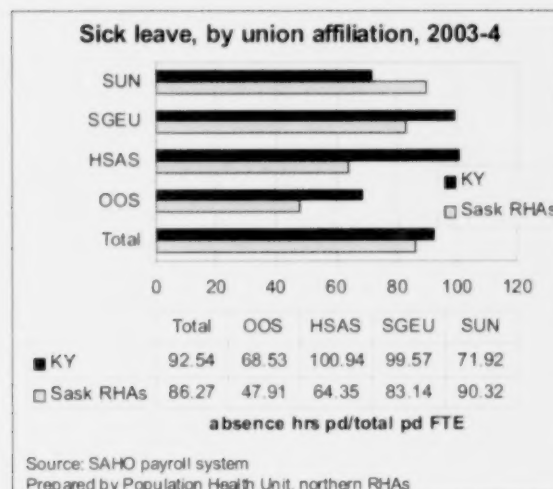
Area of Concern	Access to Service	Care Delivery	Communication	Cost	Environment	Other	TOTAL
Acute Care	0	2	1	0	0	0	3
Addiction Services	0	0	0	0	0	0	0
Case Management	0	0	0	0	0	0	0
Community Health	0	1	0	0	0	0	1
General	0	0	0	0	0	0	0
Home Care	1	0	1	0	0	0	2
Mental Health	0	0	0	0	0	0	0
Pre-hospital/ Emergency	2	6	0	0	0	0	8
Problem Gambling	0	0	0	0	0	0	0
Rehabilitation	0	0	0	0	0	0	0
Support Services	0	0	0	0	0	0	0
Supportive Care	0	0	0	0	0	0	0
Non-jurisdictional	0	0	0	0	0	1	1
TOTAL	3	9	2	0	0	1	15

In addition to receiving concerns, the Quality of Care Coordinator has participated in the revision of the Health Information/Confidentiality policy and provided training in each facility and at orientation. The Quality of Care Coordinator is a member of the Health Quality Council Advisory Committee. Eight KYRHA staff participated in the National Forum on Quality Improvement Conference via the Satellite Communications Network.

Human Resources

Organizational Effectiveness Measurements for Human Resources

Total Sick Leave by Union Affiliation



Keewatin Yatthé will continue to monitor sick leave and other leave entitlements in the development of an attendance management system. This attendance management system will be established with the intentions of improving performance in these areas.

Keewatin Yatthé has established a human resources plan that addresses the following areas:

- Monitoring of human resource planning
- Development of a representative workforce
- Development of an attendance management system
- Promotion of continuing education that supports RHA objectives
- Processes to maximize the potential of employee skill sets

Financial

The Region prepares a multi-year financial plan and adheres to the policies established for the movement of funding between established funding pools.

Information Management

The Region has developed a multi-year information management plan that addresses the following:

- Security of health information
- Data collection that supports decision making
- Management of information technology
- Participation in and use of provincially mandated health information systems

Communications and Issues Management

The Region has initiated the development of a comprehensive communications strategy to address the following:

- Approaches to build public support and awareness for the regional delivery of health care services
- Ensure that local and provincial issues are appropriately addressed

Capital

The Region has inventory control processes and policies in place for the management of capital equipment assets. These policies ensure that the physical assets owned and operated by the RHA support the provision of the expected and volume of services.

Reporting

The Region provides regular and timely reports on its activities and operations through the issuance of annual reports, operational plans, quarterly service and financial reports; population health status and statistical reports.

Schedule 4 – Program Specific Expectations and Indicators**Community Care**

Average Length of Stay of Mental Health Inpatient Clients Compared to Expected Length of Stay
Keewatin Yatthé RHA does not have a psychiatric inpatient facility. Information is not available by RHA residence of clients.

Alcohol and Drug Inpatient Treatment Completion Rates

In 2002-3, 64.5% (60/93) of the drug and alcohol inpatients completed treatment in the KY health region treatment facilities compared to 74.6% of inpatients in all Saskatchewan treatment facilities. These numbers exclude detoxification, long-term residential and day-patient services and inpatients in treatment at fiscal year-end. The rate of client terminations was 31.2% (29/93) in MCR RHA compared to 18.1% for all Saskatchewan facilities. The severity of substance use, degree of self-awareness, family and community support, length of time between initial client contact and first treatment, cognitive impairment, and rate of self-referral all influence successful completion rates.

Alcohol and Drug Outpatient Treatment Completion Rates

In 2002-3, 37.0% (85/230) of the drug and alcohol outpatients completed treatment in the KY health region outpatient programs, compared to 33.3% of outpatients in all Saskatchewan outpatient programs. These numbers exclude methadone, St. Louis follow up, and SGI outpatient services, clients identified as either "deceased" or for "screening/referral" purposes, and outpatients in treatment at fiscal year-end. The rate of client terminations was 34.8% (80/230) in KYRHA compared to 43.6% for all Saskatchewan facilities. The program's ability to meet client needs, severity of substance use, degree of self-awareness, family and community support, length of time between initial client contact and first treatment, cognitive impairment, rate of self-referral, all influence successful completion rates. For many substance abusers, success comes after several failed attempts at alcohol and drug treatment.

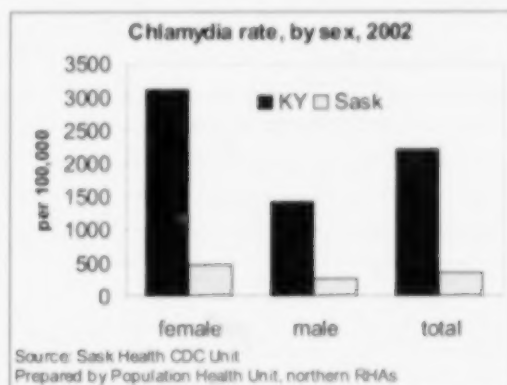
Problem Gambling Treatment Completion Rates for Inpatient and Outpatient Services

Keewatin Yatthé RHA does not have a gambling inpatient facility. Information is not available by RHA residence of clients.

Only one client entered KY outpatient gambling services in 2002-3 and completed the program (100%). In Saskatchewan, the successful completion rate of outpatient gambling services was only 21.4% (69/322).

Population Health

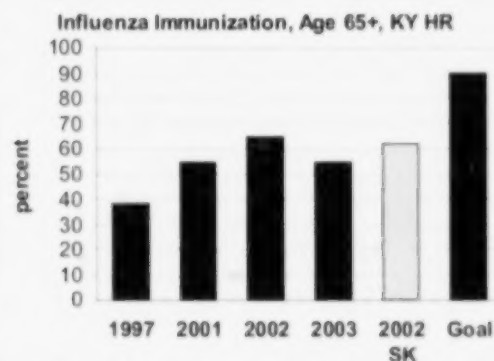
Chlamydia Rates



In 2002, the rate of Chlamydia in Keewatin Yatthé Health Region was 6.9 times the provincial rate in females and 5.6 times the provincial rate in males. Next to the four largest Health Regions and MCRHR, KYHR had the largest absolute number of Chlamydia cases in the province in 2002, with only 1.1% of the population.

As shown in the Northern Saskatchewan 2004 Health Indicators Report, the highest age-specific Chlamydia rates are among the 15 to 19 year age group in females and the 20 to 24 year age group in males. Chlamydia rates have been increasing across the province and country and showed over a 50% increase across northern Saskatchewan between 1998 and 2003. The increase may be due to more convenient testing, with more cases being lab confirmed, as well to actual increases in disease incidence. Across Canada, from 1997-2002, Chlamydia rates increased by 60% which was roughly equivalent to the increase in northern Saskatchewan.

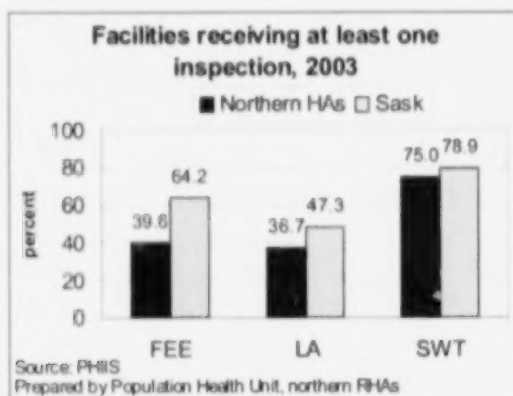
Influenza Immunization Rates for Older Adults, including First Nations Communities



Influenza immunization coverage in the KY health region among the elderly population has improved gradually over the past several years, exceeding the Saskatchewan coverage of 62% in 2002. It fell again in 2003 and still falls behind the national goal of 90%.

A strategy to increase coverage and to prepare for a pandemic could include increasing the capacity for mass immunization campaigns by extending training to nurses outside of public health. This will be explored for the fall of 2004.

Public Health Act Regulated Facilities

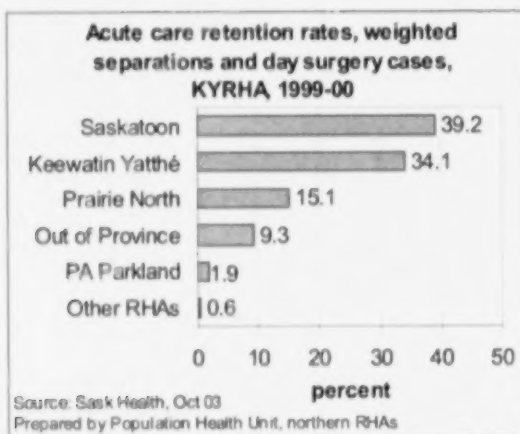


Public health inspectors employed by Mamawetan Churchill River RHA cover all three northern health areas, including KYHR. In 2003 they were able to inspect 40% of food eating establishments, 37% of licensed accommodations and 75% of facilities with swimming pools/water themes.

Factors contributing to the low rate of inspections include the large geographic area, the volume of facilities in the area, human and financial resources, and competing priorities.

The facilities are scattered over the northern half of the province (46% of the province's surface area), with many accessible only by air. This large area has significant implications for travel time and costs, particularly with air travel and poor gravel roads. The northern PHIs are responsible for 7% of Saskatchewan's food eating establishments, 25% of the licensed accommodations, and 4% of the facilities with swimming pools/water themes. Inspection rates are affected by the number of PHI positions (only 4) and staff turnover (currently 2/4 positions are vacant). Significant time is also spent on precautionary boil water advisories and boil water orders.

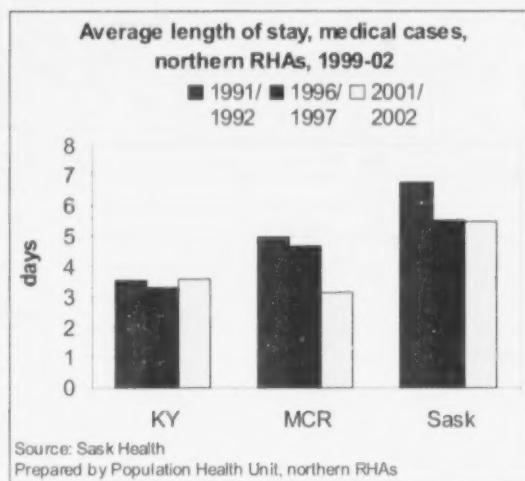
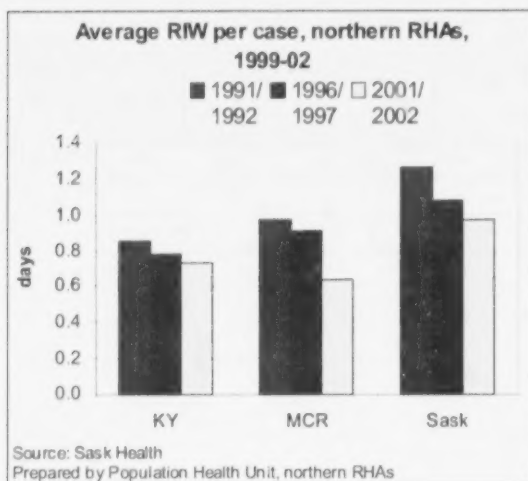
Acute and Emergency Services



Acute Care Weighted Separations & Day Surgery Cases Retained in the Region

Data from 1999-00 (rather than 2001-2) was used for this indicator, as the La Loche Health Centre did not report acute care data from May 2000 to December 2001.

Inpatient ALOS Compared to ALOS in Similar Regions for Medical Cases



There are no other regions similar to the northern health regions, so a comparison can only be made between the KY and MCR regions. The average length of stay for medical cases remained stable over the past 11 years in KY health region, with a 2% increase between 1991/2 and 2001/2 (3.5 to 3.6 days). The same measure decreased for MCR health region by 37% in the same time period (5 to 3.1 days). Both are lower than the ALOS for all Saskatchewan medical cases.

The average resource intensity weight per case decreased from 1991-2 to 2001-2 from 0.86 to 0.73 in KY health region and from 0.97 to 0.64 in MCR health region.

KYRHA cannot provide population health programming, planning and measuring in isolation, as we have a Co-Management Agreement, which was developed in 1998 to address the legislated responsibilities of the three northern districts.

Population Health Services

A Population Health Promotion Strategy Consultation meeting occurred in May 15, 2003 in Beauval involving Saskatchewan Health, three Northern Health Authorities, First Nations Health Authorities and non-health partners (from all 3 regions). The purpose of the consultation was to identify priorities for health promotion and disease prevention.

Primary Health Services

A regional primary health care plan has been developed. The Primary Health Plan will take into consideration the needs of the population as well as recent health status reports.

There is one Primary Health Care project underway in La Loche, which is providing a quality service and can be used as a model for other projects.

A number of the Primary Health Care teams are already in place, while, others are in the process of being established.

Plans are underway to recruit a team facilitator in 2005.

Health centres are a part of the overall Primary Health Plan with interdisciplinary representation, as required.

Structure, process and outcome indicators will be implemented as part of the overall continuous quality improvement program.

Emergency Response Services

Timely access to 24/7 emergency medical services is being provided. The Region plans to provide training to upgrade the EMRs to EMTs. This will ensure the maintenance of an ALS ambulance services

Policies, procedures, and protocols are in the process of being reviewed and modified to meet provincial standards and best practices. KYRHA has used provincial patient care report (pcr) forms since our service began, therefore extensive information is available and we are prepared to work with the Department to determine what is most relevant to measure.

The RHA works in close collaboration with other Regions and tertiary care centers to enhance the provision of services across the continuum and various processes are currently being reviewed, such as, waiting times, inter-facility transfers, etc.

Minor surgical procedures are conducted within the region and standardized clinical practice guidelines are followed. Patients returning to the region following discharge from a Regional/Tertiary hospital will receive follow up care by a primary health care team.

Acute Care

Lapses in service delivery may occur if we are unable to maintain control of recruitment and retention issues. A training assessment and delivery program is being conducted to ensure competency levels are achieved and maintained.

Surgical volumes and the percentage of cases completed within benchmarked time frames is not applicable to our region, however would like information from referral hospitals on KYRHA residents.

Community Care Services

The one of a kind positions of Suicide Intervention Worker and the Child and Youth Behavior Coordinator, which are located in the KY Region, cannot sufficiently serve the balance of the North. Nor do we feel we are well served in the area of Gambling Addictions or Safety Promotion, which are one of a kind positions located in the Mamawetan Churchill River Region.

The commitment to plan and deliver comprehensive podiatry services beyond that of a therapist is not attainable within our region without consultation and support of Northern Medical Services.

With regards to other therapies (Full-time Physiotherapist and half time Speech and Language Pathologist) coverage would be limited and not comprehensive as required. We currently provide Occupational Therapy Services, which are contracted however, we will be unable to contract this service at current funding levels.

The Region continues to maintain the Safe Driving Program through the Alcohol and Drug Services.

Institutional Supportive Care

Long-term care services are provided in both the La Loche Health Centre and the affiliate organization, St. Joseph's Hospital in Ile a La Crosse. MDS/RUGS assessment and classification system has been implemented in both facilities. Respite care and day programming are part of the long-term care continuum.

Current staff skill levels require enhancement to allow effective, safe and efficient supportive care. We are committed to offering skill enhancement.

Home Based Acute and Palliative Care

Current staff skill levels require enhancement to allow effective, safe and efficient home based acute and palliative care. We are committed to offering skill enhancement.

Recruitment and retention of nursing staff presents a challenge in delivering this level of service.

Medical/Physician Services—Specialists

Not applicable to our region, however would like to see tracking completed for KYRHA residents seeking these services in other regions.

Home Based Supportive Care

Current staff skill levels require enhancement to allow effective, safe and efficient Home Based Supportive Care. We are committed to offering skill enhancement.

The region works collaboratively with housing authorities and other stakeholders to assist seniors in remaining independent.

Program Support Service

Out of scope compensation levels have been reviewed. Funding enhancements have been established to reflect the provincial SAHO pay band rates.

KYRHA continues to work collaboratively with St. Joseph's Hospital Board to ensure relevant, timely and accurate financial reporting and to facilitate an effective working relationship. The regulations have been enabled to allow for the amalgamation to occur.

Challenges and *Future Directions*

Major challenges in the coming years for Keewatin Yatthé Health Region will include:

- Maintenance of quality health services in an area where the population is increasing. Approximately 34% of the population is under the age of 25. The vast geography coupled with the lack of community resources and the extensive travel involved poses unique challenges in service delivery to this special needs population. The Region identified through its strategic planning process that it was essential to design support for youth wellness teams and community wellness initiatives. Capacity building with local groups, agencies and provincial bodies is utilized as a strategy in promoting youth wellness.
- Recruitment and retention of professional staff to provide quality health care development range from (nurses, certified dental therapists/assistants, lab and x-ray technicians, etc) and the implementation of full scope of practice for nursing (LANs, RNs and Nurse Practitioners). The Region is working on the implementation of an attendance management program, Health Sciences student bursary program, and an enhanced recruitment, retention, and training strategy.
- Mission alignment. A role of senior management is to ensure that the organisation functions as a unit (in a unified manner). A major part of ensuring that the organisation functions as a unit is to ensure that everything that is done in the organisation is consistent with the mission. The process of building this consistency is called "mission alignment". During the next three years there will be an emphasis on mission alignment by requiring each individual working for the Region and each program or service implemented in the region to have a written mission, a statement of principles, and a definition of the expected results.
- Effective communication given the vast geography of the region poses significant challenges thereby impacting the efficient coordination of services. The Region is working on the development of a region wide communications strategy to enhance communications throughout the region.
- The need to contend with the ever increasing needs of our population through program reviews and/or enhancements to ensure continuous quality improvements.

Management Discussion and Analysis

Financial Risks

- Overtime from staffing shortages depletes existing resources.
- Aging equipment will drive the need for capital replacement. The limited capacity of local fundraising coupled with a limited tax base poses a major risk in acquiring local community financial support for capital equipment purchases.
- Specialized annualized funding from outside sources is not guaranteed.
- Government insufficiently funding negotiated collective agreement increases i.e. JJE; open collective agreements (April 1, 2004).
- Data collection – Lack of infrastructure for data analysis.
- Cost of Human Resources i.e. training recruitment and retention.
- Conflicting priorities with Saskatchewan Health.

Quality Care Risks

- A potential labor relations dispute i.e. withdrawal of services.
- A potential catastrophic population health event i.e. SARS, West Nile.

Population Health Unit (PHU)

- Completed external evaluation of Co-Management Partnership Agreement,
- Reviewed agreement with Board Chairs, Vice-Chairs and CEOs and completing
- Development of new MOU
- Concept of strategic business unit practice and principles being developed for
- The PHU budget and administrative management

Capital Construction

- Replacement of facilities in Ile a la Crosse, Beauval, Buffalo Narrows and Green Lake.

We have identified some of our potential risks and as a board and management team we are making a collaborative effort to mitigate the effects of these risks.

For the KYRHA to realize their desired goal of providing effective, efficient and sustainable services the following must be achieved:

- Stabilization of the workforce including recruitment, retention and training of new and existing staff;
- Strong administrative support;
- Improvement of infrastructure to support programs and services, and
- The establishment of standards for information and management systems that support the decision-making of the KYRHA Board.

Management Report

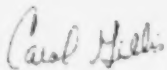
KEEWATIN YATTHÉ HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and have been approved in principle by the Authority. The financial statements have been prepared in accordance with Canadian generally accepted accounting principles and the Financial Reporting Guidelines issued by Saskatchewan Health, and of necessity include some amounts that are based on estimates and judgments. The financial information presented in the Management's Discussion and Analysis and elsewhere in this report is consistent with that in the financial statements.

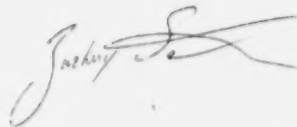
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and that financial records are relevant and reliable.

The Authority Members carry out their responsibility for the financial statements through the *Finance Committee, which is a committee of the whole*. This Committee meets with Management to discuss and review financial matters. The appointed auditor has full and open access to the *Finance Committee*.

The appointed auditor conducts an independent audit of the financial statements. His examination is conducted in accordance with Canadian generally accepted auditing standards and includes tests and other procedures, which allows him to report on the fairness of the financial statements.



Carol Gillis
Chief Executive Officer



Zachary Solomon
Director of Finance



Financial Summaries

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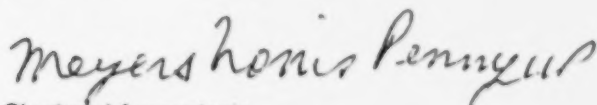
AUDITORS' REPORT

To: The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2004 and the statements of operations and changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

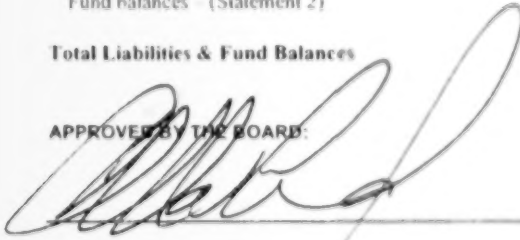


Chartered Accountants
Prince Albert, Saskatchewan
April 28, 2004

KEEWATIN YATTHE HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2004

	Operating Fund	Restricted Funds		Total 2004	Total 2003 <i>(restated)</i> <i>(Note 9)</i>
		Capital Fund	Community Trust Fund		
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	\$ 569,097	\$ 1,177,479	\$ -	\$ 1,746,576	\$ 2,849,585
Accounts receivable					
Saskatchewan Health - General Revenue Fund	199,835	1,400,000	-	1,599,835	163,516
Other	508,202	9,356	-	517,558	152,030
Interfund receivable:	735,703	-	-	735,703	515,130
Inventory	168,525	-	-	168,525	138,583
Prepaid expenses	23,923	-	-	23,923	12,115
	<u>2,205,285</u>	<u>2,586,835</u>	<u>-</u>	<u>4,792,120</u>	<u>3,830,959</u>
Capital assets (Note 3)	-	10,583,743	-	10,583,743	10,544,901
Total Assets	<u>\$ 2,205,285</u>	<u>\$ 13,170,578</u>	<u>\$ -</u>	<u>\$ 15,375,863</u>	<u>\$ 14,375,860</u>
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	\$ 482,839	\$ -	\$ -	\$ 482,839	\$ 580,065
Accrued salaries	375,135	-	-	375,135	399,379
Vacation payable	467,609	-	-	467,609	422,012
Interfund payable:	-	735,703	-	735,703	515,130
Current portion of capital lease obligation (Note 5)	-	27,289	-	27,289	24,122
Deferred Revenue (Note 6)	400,228	-	-	400,228	408,834
	<u>1,725,811</u>	<u>762,992</u>	<u>-</u>	<u>2,488,803</u>	<u>2,349,542</u>
Capital lease obligation	-	53,367	-	53,367	78,948
Total Liabilities	<u>1,725,811</u>	<u>816,359</u>	<u>-</u>	<u>2,542,179</u>	<u>2,428,490</u>
Fund Balances:					
Invested in capital assets	-	10,503,087	-	10,503,087	10,441,831
Internally restricted	-	1,851,132	-	1,851,132	1,060,835
Unrestricted	479,474	-	-	479,474	444,704
Fund balances - (Statement 2)	<u>479,474</u>	<u>12,354,219</u>	<u>-</u>	<u>12,833,693</u>	<u>11,947,370</u>
Total Liabilities & Fund Balances	<u>\$ 2,205,285</u>	<u>\$ 13,170,578</u>	<u>\$ -</u>	<u>\$ 15,375,863</u>	<u>\$ 14,375,860</u>

APPROVED BY THE BOARD:


 DIRECTOR


 DIRECTOR

(See accompanying notes to the financial statements)

KEEWATIN YATTHE HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2004

	Operating Fund			Restricted		
	Budget 2004 (Note 11)	2004	2003 (restated) (Note 9)	Capital Fund 2004	Community Trust Fund 2004	Total 2004 (restated) (Note 9)
REVENUES						
Saskatchewan Health - General Revenue	\$ 15,202,368	\$ 15,019,598	\$ 13,836,585	\$ 1,500,000	\$ -	\$ 1,500,000
Other Provincial Revenue	-	-	-	-	-	-
Federal Government Revenue	75,000	74,613	80,000	-	-	-
Funding from other Province	-	-	-	-	-	64,000
Special Funded Program	245,548	382,526	124,378	-	-	-
Patient Fees	454,592	678,019	506,702	-	-	-
Out of Province Revenue (Reciprocal)	12,650	40,667	155,708	-	-	-
Out of Country Revenue	-	-	-	-	-	-
Donations	-	-	-	-	-	-
Investment Revenue	8,000	25,667	25,470	2,468	-	2,468
Ancillary Revenue	-	-	-	-	-	-
Recoveries	164,205	140,780	-	-	-	-
Other Revenue	71,493	66,891	200,742	-	-	-
	<u>16,233,856</u>	<u>16,428,761</u>	<u>14,929,585</u>	<u>1,502,468</u>	<u>-</u>	<u>1,502,468</u>
						<u>784,099</u>
EXPENSES						
Province Wide Acute Care Services	75,133	52,017	-	-	-	-
Acute Care Services	4,651,074	5,739,482	6,178,475	126,720	-	126,720
Physician Compensation - Acute	18,500	39,140	-	-	-	-
Supportive Care Services	1,587,954	349,925	-	17,056	-	17,056
Home Based Service - Supportive Care	-	-	-	-	-	-
Population Health Services	1,692,344	1,752,381	-	3,191	-	3,191
Community Care Services	1,297,530	1,355,671	1,383,330	-	-	-
Home Based Services - Acute & Palliative	47,529	778,274	845,319	3,224	-	3,224
Primary Health Care Services	975,864	1,266,933	1,693,540	11,483	-	11,483
Emergency Response Services	1,004,567	1,042,656	1,076,800	232,791	-	232,791
Mental Health Services - Inpatient	-	-	-	-	-	-
Addictions Services - Residential	501,109	404,962	518,640	148,237	-	148,237
Physician Compensation - Community Service	916,800	909,000	861,147	-	-	-
Program Support Services	3,356,353	3,171,550	-	108,213	-	108,213
Special Funded Programs	32,000	32,000	-	-	-	-
Ancillary	-	-	-	-	-	-
Total Expenses (Schedule 1)	<u>16,176,757</u>	<u>16,393,991</u>	<u>14,557,251</u>	<u>650,915</u>	<u>-</u>	<u>650,915</u>
						<u>702,181</u>
Excess (Deficiency) of revenues over expense	<u>\$ 57,099</u>	<u>34,770</u>	<u>372,334</u>	<u>851,553</u>	<u>-</u>	<u>851,553</u>
Fund Balances, beginning of year	-	444,704	270,936	11,502,666	-	11,502,666
Restatement (Note 9)	-	-	(198,566)	-	-	-
Fund Balances, beginning of year as restated	-	444,704	72,370	11,502,666	-	11,502,666
Interfund transfers	-	-	-	-	-	-
Fund balances, end of year	-	<u>\$ 479,474</u>	<u>\$ 444,704</u>	<u>\$ 12,354,219</u>	<u>\$ -</u>	<u>\$ 12,354,219</u>
						<u>\$ 11,502,666</u>

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31, 2004

	<u>Operating Fund</u>		<u>Restricted Fund</u>			<u>Total</u> <u>2003</u> <i>(restated)</i> <i>(Note 9)</i>
	<u>2004</u>	<u>2003</u> <i>(restated)</i> <i>(Note 9)</i>	<u>Capital</u> <u>Fund</u>	<u>Community</u> <u>Trust Fund</u>	<u>Total</u> <u>2004</u>	
Cash Provided by (used in):						
Excess (deficiency) of revenue over expenditure	\$ 34,770	\$ 372,334	\$ 851,553	\$ -	\$ 851,553	\$ 81,918
Net change in non-cash working capital (Note 7)	(740,247)	142,957	(1,187,829)	-	(1,187,829)	816,434
Amortization of capital assets	-	-	650,915	-	650,915	702,181
Gain (loss) on disposal of capital assets	-	-	-	-	-	-
	<u>(705,477)</u>	<u>515,291</u>	<u>314,639</u>	<u>-</u>	<u>314,639</u>	<u>1,600,533</u>
Purchase of capital assets:						
Buildings construction	-	-	(520,598)	-	(520,598)	(446,599)
Equipment	-	-	(169,159)	-	(169,159)	-
Proceeds on disposal of capital assets	-	-	-	-	-	-
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
Purchase of long-term investments	-	-	-	-	-	-
	<u>-</u>	<u>-</u>	<u>(689,757)</u>	<u>-</u>	<u>(689,757)</u>	<u>(446,599)</u>
Repayment of debt	<u>-</u>	<u>-</u>	<u>(22,414)</u>	<u>-</u>	<u>(22,414)</u>	<u>(22,770)</u>
Net increase (decrease) in cash & short term investments during the year	<u>(705,477)</u>	<u>515,291</u>	<u>(397,532)</u>	<u>-</u>	<u>(397,532)</u>	<u>1,131,164</u>
Cash & short term investments, beginning of year	<u>1,274,574</u>	<u>759,283</u>	<u>1,575,011</u>	<u>-</u>	<u>1,575,011</u>	<u>443,847</u>
Interfund transfers	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Cash & short term investments, end of year	<u>\$ 569,097</u>	<u>\$ 1,274,574</u>	<u>\$ 1,177,479</u>	<u>\$ -</u>	<u>\$ 1,177,479</u>	<u>\$ 1,575,011</u>
Amounts in cash balance:						
Cash & short term investments	<u>\$ 569,097</u>	<u>\$ 1,274,574</u>	<u>\$ 1,177,479</u>	<u>\$ -</u>	<u>\$ 1,177,479</u>	<u>\$ 1,575,011</u>

(See accompanying notes to the financial statements)

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

1. **Legislative Authority**

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the former District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Keewatin Yatthé Regional Health Authority was created by the Act. The Keewatin Yatthé Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act Sec 27) within the geographic area known as the Keewatin Yatthé Health Region.

2. **Significant Accounting Policies**

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

a) **Health Care Organizations**

i) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act):

St Joseph Hospital Corporation

The Regional Health Authority provides annual grant funding to this organization for the delivery of health care services. Consequently, the Regional Health Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Regional Health Authority financial statements. Alternatively, Note 8a(i) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

b) **Fund Accounting**

The accounts of the Keewatin Yatthé Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) **Operating Fund**

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health-General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) **Capital Fund**

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

d) Inventory

Inventory consists of general stores, pharmacy, dietary and other. All inventories are valued at cost as determined on the first in, first out basis.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 ½% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair market value at the date of contribution (if fair value can be reasonably determined).

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the Keewatin Yatthé Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Keewatin Yatthé Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Keewatin Yatthé Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

3. Capital Assets

	March 31, 2004			March 31, 2003
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 19,670	\$ -	\$ 19,670	\$ 19,670
Land & Leasehold Improvements	8,117	8,117	-	6,159
Buildings	9,956,075	937,854	9,018,221	8,843,081
Equipment	1,973,831	1,301,954	671,877	1,080,391
Vehicles	426,700	254,679	172,021	290,578
Construction in Progress	701,954	-	701,954	305,022
	<u>\$ 13,086,347</u>	<u>\$ 2,502,604</u>	<u>\$ 10,583,743</u>	<u>\$ 10,544,901</u>

4. Commitments

Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next four years are as follows:

2005	\$112,071
2006	90,000
2007	90,000
2008	90,000

5. Capital Lease Obligation

- a) Equipment has been taken on lease on terms, which transfer substantially all of the benefits and risks of ownership to the Regional Health Authority and are accounted for as a "capital lease", as though an asset had been purchased and a liability incurred.

	2004			2003
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Vehicle under capital lease	<u>\$ 123,157</u>	<u>\$61,578</u>	<u>\$61,579</u>	<u>\$92,368</u>

The vehicle is amortized on a straight-line basis over its economic life beginning in the year of acquisition.

- b) Minimum annual payments under capital lease on vehicle over the full lease term is as follows:

2005	\$ 29,515
2006	29,515
2007	<u>27,031</u>
Total minimum lease payments	86,061
Less: amount representing interest	<u>(5,405)</u>
Total capital lease obligation	80,656
Less: current portion	<u>(27,289)</u>
Capital lease obligation	<u>\$ 53,367</u>



KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

6. Deferred Revenue

	Balance Beginning of Year	Less amount Recognized from Sask Health	Add amount Received from Health	Less Amount Recognized from other sources	Add amount Received from other sources	Balance End of Year
Diabetes Educator	\$ 50,000	\$ (50,000)	\$ 49,745	\$ -	\$ -	\$ 49,745
Diabetes - La Loche Program	80,000	-	-	-	-	80,000
Diabetes Plan	19,766	(7,893)	-	-	-	11,873
Diabetes Strategy	49,745	(49,745)	-	-	-	-
HR Strategy	25,000	-	-	(25,000)	-	-
Paramedic Program	80,000	-	-	-	-	80,000
Primary Care	87,675	-	-	-	-	87,675
Professional Development	16,647	(4,312)	-	-	-	12,335
Team Development	-	-	78,600	-	-	78,600
Total	\$ 408,834	\$ (111,951)	\$ 128,345	\$ (25,000)	\$ -	\$ 400,228

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other revenue received in advance is recorded as revenue as the related services are provided.

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2004	2003 (restated) (Note 13)	Capital Fund	Community Trust Fund	Total 2004	Total 2003 (restated) (Note 13)
(Increase) Decrease in accounts receivable	\$ (393,445)	\$ 662,242	\$ (1,408,402)	\$ -	\$ (1,408,402)	\$ 94,046
(Increase) Decrease in due from capital fund	(220,573)	(515,130)	-	-	-	-
(Increase) Decrease in due from operating fund	-	-	-	-	-	207,258
(Increase) Decrease in inventory	(29,942)	(35,437)	-	-	-	-
(Increase) Decrease in prepaid expenses	(11,808)	784	-	-	-	-
Increase (Decrease) in accounts payable	(97,226)	(83,884)	-	-	-	-
Increase (Decrease) in accrued salaries	(24,244)	50,892	-	-	-	-
Increase (Decrease) in vacation payable	45,597	136,059	-	-	-	-
Increase (Decrease) in due to capital fund	-	(207,258)	-	-	-	-
Increase (Decrease) in due to operating fund	-	-	220,573	-	220,573	515,130
Increase (Decrease) in deferred revenue	(8,606)	134,689	-	-	-	-
	<u>\$ (740,247)</u>	<u>\$ 142,957</u>	<u>\$ (1,187,829)</u>	<u>\$ -</u>	<u>\$ (1,187,829)</u>	<u>\$ 816,434</u>

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

8. Related Parties

These financial statements include transactions with related parties. The Keewatin Yatthé Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the table below and the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

	2004	2003
Accounts Payable		
Saskatchewan Association of Health Organizations	\$ 73,891	\$ 43,476
Saskatchewan Property Management Corporation	48,863	25,405
Saskatchewan Workers' Compensation Board	-	31,978
Saskatchewan Health Employee Pension Plan	17,590	-
Saskatchewan Telecommunications	14,039	-
Saskatchewan Power Corporation	1,219	-
Public Employees Pension Plan	6,032	-
St Joseph's Hospital Corporation	2,120	1,551
Expenses		
Public Employees Pension Plan	41,852	45,684
Saskatchewan Power Corporation	89,895	68,901
Saskatchewan Property Management Corporation	592,090	625,497
Saskatchewan Telecommunications	147,146	162,593
Saskatchewan Association of Health Organizations	765,655	627,324
Saskatchewan Worker's Compensation Board	177,238	159,055
St. Joseph's Hospital Corporation	124,652	119,757

In addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

i) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the affiliate:

The Regional Health Authority has an affiliation agreement with St. Joseph Hospital Corporation, a privately owned health corporation to provide services.

This corporation receives operating funding from the Regional Health Authority on a monthly basis with budget amounts approved annually. During the year, the Authority provided the following amounts:

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

	2004	2003
St. Joseph's Hospital Corporation	\$ 2,548,155	\$ 2,563,795

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity as at March 31, 2004 and 2003 and for the years then ended:

	Total 2004	Total 2003
<i>Balance Sheet</i>		
Assets	\$ 917,346	\$ 906,313
Net Capital Assets	269,849	299,913
Total Assets	<u>\$ 1,187,195</u>	<u>\$ 1,206,226</u>
Total Liabilities	\$ 805,005	\$ 803,203
Total Net Assets	<u>382,190</u>	<u>403,023</u>
	<u>\$ 1,187,195</u>	<u>\$ 1,206,226</u>
<i>Results of Operations</i>		
RHA Grant	\$ 2,647,373	\$ 2,608,295
Other Revenue	1,471,852	1,328,635
Total Revenue	<u>4,119,225</u>	<u>3,936,930</u>
Salaries & Benefits	2,592,098	2,407,946
Other Expenses*	1,547,960	1,468,847
Total Expenses	<u>4,140,058</u>	<u>3,876,793</u>
Excess Revenue over Expenses	<u>\$ (20,833)</u>	<u>\$ 60,137</u>

* Other Expenses includes amortization of \$40,744 (2003 - \$36,574)

Cash Flows

Cash from Operations	\$ (57,660)	\$ 239,269
Cash used in financing activities	-	-
Cash used in Investing activities*	<u>(10,680)</u>	<u>(36,565)</u>
Increase (decrease) in cash	<u>\$ (68,340)</u>	<u>\$ 202,704</u>

*Cash used in Investing Activities includes capital purchases of \$10,680 (2003 - \$72,195)

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

9. Comparative Information

Certain 2002-03 balances have been reclassified to conform to the current year's presentation. Statement 2 expenses have not been reclassified in the prior year for the change in departmental reporting as the Health Authority changed its chart of accounts to be consistent with the other Health Authorities in the province. As a result of using the old chart of accounts in the previous year, the accounts could not be regrouped into the current years presentation.

During the year, the Health Authority determined that in the prior year, the vacation accrual was understated by \$105,188. The Health Authority also determined that in prior years, cash received for payment on accounts receivable were rerecorded as revenue, resulting in other receivables being overstated by \$198,566. The 2003 comparative figures have been restated, and opening unrestricted fund balance decreased by \$198,566 and the excess (deficiency) of revenues over expenses decreased by \$105,188. The result is the 2003 comparative ending unrestricted fund balance decreased by \$303,754.

10. Pension Plan

Employees of the Regional Health Authority participate in one of the following pension plans. Some employees participate in the Saskatchewan Healthcare Employee's Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan which came into effect on December 31, 2002. (Prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors.) Other employees participate in either the Public Service Superannuation Plan (a related party) which is also a defined benefit plan, or the Public Employees' Pension Plan (a related party) which is a defined contribution plan. Both of these plans are the responsibility of the Province of Saskatchewan. The Regional Health Authority's financial obligations to the plans are limited to making required payments to match amounts contributed by employees for current services.

Pension expense for the year amounted to \$306,749 (2003 - \$235,275) and is included in the benefits in Schedule 1.

Effective January 1, 2004, contribution rates are as follows:

6.522% (2003 - 5.04%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP)
plus

8.232% (2003 - 6.72%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

11. Budget

The Regional Health Authority Board approved the 2003-2004 operating budget plan on May 29, 2003. The Regional Health Authority Board approved the 2003-2004 capital budget on May 29, 2003.

12. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2004

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

cash and short term investments
accounts receivable
accounts payable
accrued salaries and vacation payable

13. Volunteer Services

The operations of the Keewatin Yatthé Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2004

	Budget 2004 (Note 11)	2004	2003 (restated) (Note 9)
<u>Operating</u>			
Benefits	\$ 1,896,112	\$ 1,190,639	\$ 1,007,589
Board Costs	44,400	189,308	146,682
Diagnostic Imaging Supplies	1,500	9,597	6,000
Drugs & Gases	78,500	54,904	68,423
Food	65,000	148,654	113,609
Grants to Ambulance Services	-	-	-
Grants to third parties	2,790,808	2,680,155	2,563,795
Housekeeping and Laundry supplies	34,400	34,040	92,073
Information Technology Contracts	-	3,258	32,408
Insurance	77,400	71,767	77,679
Interest Expense	5,400	5,394	6,745
Laboratory Supplies	19,550	51,193	39,400
Medical and Surgical Supplies	151,550	112,035	166,149
Medical remuneration and benefits	886,520	1,111,164	1,096,197
Office supplies and other office costs	399,003	620,187	254,024
Other	557,924	276,136	261,549
Other Referred-out Services	87,800	43,522	-
Professional fees	91,090	243,111	236,559
Prosthetics	-	-	-
Purchased services	4,000	114,051	46,236
Rent/lease costs	627,595	650,801	835,954
Repairs and maintenance	42,250	92,319	115,243
Salaries	7,933,461	7,946,006	6,805,589
Service Contracts	11,000	6,526	-
Travel	317,114	522,241	180,473
Utilities	54,380	216,983	404,875
	<u>\$ 16,176,757</u>	<u>\$ 16,393,991</u>	<u>\$ 14,557,251</u>
<u>Restricted</u>			
Amortization		\$ 650,915	\$ 702,181
Loss on disposal of fixed assets		-	-
Other		-	-
		<u>\$ 650,915</u>	<u>\$ 702,181</u>

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2004

	<u>Amount</u>	<u>Maturity</u>	<u>Effective Rate</u>	<u>Coupon Rate</u>
Restricted Investments				
Cash and Short-term Chequing & Savings:				
North West Credit Union	\$ 102,479			
Term Deposits:				
North West Credit Union	\$ 1,075,000	06/10/04	1.98%	---
	<u>\$ 1,177,479</u>			
Unrestricted Investments				
Cash and Short-Term Chequing & Savings				
Petty Cash	\$ 200			
North West Credit Union	<u>568,897</u>			
	<u>\$ 569,097</u>			
Total Investments	<u>\$ 1,746,576</u>			

Restricted Investments consist of capital funds.

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2004

	Balance, Beginning of Year	Investment Income	Other Revenue	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Keewatin Yatthe Regional Health Authority	\$ 1,060,835	\$ 2,468	\$ 1,500,000	\$ (712,171)	\$ 1,851,132

**KEEWATIN YATTHE HEALTH REGION
CONSOLIDATED SCHEDULE OF**

BOARD REMUNERATION & SENIOR MANAGEMENT, BENEFITS, AND ALLOWANCES
For the year ended March 31, 2004

	2004				2003			
	Retainer and Per Diems	Benefits ¹	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total	
Board Members								
Chairperson								
Rose Dringwath	\$ 13,855	\$ 6,556	\$ 16,307	\$ 36,717	\$ 9,658	\$ -	\$ 9,658	
Mrs. Moran ²					\$ 32,688	\$ -	\$ 32,688	
Board Member								
David Stright	\$ 6,825	\$ 4,960	\$ 10,690	\$ 22,474	\$ 5,363	\$ 1,923	\$ 7,286	
Louis Moran	\$ 9,300	\$ 3,604	\$ 8,137	\$ 21,041	\$ 8,405	\$ 1,619	\$ 10,024	
John Javies	\$ 6,800	\$ 45,000	\$ 11,223	\$ 63,024	\$ 4,674	\$ 1,259	\$ 5,932	
Boss MacLeod	\$ 6,275	\$ 4,207	\$ 5,926	\$ 16,408	\$ 8,247	\$ 4,120	\$ 12,366	
Tina Anderson	\$ 5,225	\$ 2,434	\$ 6,884	\$ 14,543	\$ 4,990	\$ 1,094	\$ 6,083	
Yvette Moran	\$ 5,575	\$ 2,358	\$ 5,753	\$ 13,686	\$ 3,850	\$ 833	\$ 4,683	
Dorothy Montgomerie	\$ 7,485	\$ 4,046	\$ 10,627	\$ 22,158	\$ 4,642	\$ 1,575	\$ 6,217	
Gloria Apis	\$ 5,665	\$ 3,698	\$ 10,398	\$ 19,671	\$ 3,715	\$ 538	\$ 4,253	
Leslie Herman	\$ 3,375	\$ 1,152	\$ 4,357	\$ 8,884	\$ 4,100	\$ 752	\$ 4,852	
Angie Mahaling ²	\$ -	\$ -	\$ -	\$ -	\$ 1,600	\$ 74	\$ 1,674	
Norman Chickens ²	\$ -	\$ -	\$ -	\$ -	\$ 325	\$ -	\$ 325	
Pat Campbell ²	\$ -	\$ -	\$ -	\$ -	\$ 2,400	\$ -	\$ 2,400	
Philip Duriebo ²	\$ -	\$ -	\$ -	\$ -	\$ 2,800	\$ 70	\$ 2,870	
Therese Duganault ²	\$ -	\$ -	\$ -	\$ -	\$ 913	\$ -	\$ 913	
Annette Montgomerie	\$ 1,200	\$ 942	\$ 559	\$ 2,701				
Total	\$ 71,580	\$ 78,867	\$ 90,861	\$ 241,308	\$ 98,167	\$ 13,858	\$ 112,025	

(1) Benefits include employer CPP and all travel time.

(2) Term expired July 31, 2002.

(3) Includes expenses while acting as a member of Regional Health Authority Planning Committee in 2002.

	2004				2003			
	Number of FTE's	Salaries ¹	Benefits and Allowances ²	Sub-total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Staff	1	\$ 96,304	\$ 10,025	\$ 106,329	1	\$ 100,419	\$ -	\$ 100,419
Chief Executive Officer								
<i>Senior Positions</i> <i>(list position titles)</i>								
Director of Corporate Services	1	68,435	10,062	78,497	1	72,475	-	72,475
Director of HR	1	68,871	15,666	84,537	1	80,811	-	80,811
Director of Community Based Services	1	62,597	8,685	71,282	1	65,644	-	65,644
Director of Finance	1	62,117	9,821	71,938	1	67,846	-	67,846
Director of Primary Health Services	1	83,566	10,927	94,493	1	19,669	-	19,669
Total	6	\$ 441,900	\$ 65,186	\$ 507,076	6	\$ 436,865	\$ -	\$ 436,865

(1) Salaries include regular base pay, overtime, lumpsum payments, bonuses, and any other direct cash remuneration including sick leave and vacation.

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employer's taxable allowances.

Addendum – Payee disclosure List

The payee disclosure list of individuals who received \$2,500 or more for salaries, wages, honoraria and compensation for personal services is available upon request from the Director of Corporate Services at the telephone number 306-235-5827.



Keewatin Yatthé Regional Health Authority

Box 40
Buffalo Narrows, SK
S0M 0J0
Phone: 306-235-2220
Fax: 306-235-2229

THE

From Date: 4/1/2003
 To Date: 3/31/2004
 Minimum Amt: 25000.00

Vendor	Amount
ABBOTT LABORATORIES CANADA - CA	\$28,951.16
AODBT	\$334,056.06
ASH TEMPLE	\$32,612.66
ASSOCIATED COUNSELLING NETWORK	\$25,035.27
ATCO STRUCTURES	\$46,105.20
COURTESY AIR	\$39,060.36
DELL FINANCIAL SERVICES	\$127,869.45
FEDERATED CO-OPERATIVES LTD.	\$87,967.97
LESIGER MANAGEMENT LTD.	\$87,543.68
THE GREAT WEST LIFE ASSURANCE CO	\$40,537.15
HORIZON COMPUTER SOLUTIONS INC.	\$32,181.93
HUMAN RESOURCES SERVICES LTD.	\$52,171.93
LA LOCHE NON-PROFIT HOUSING CORP	\$64,206.00
M.D. AMBULANCE CARE LTD.	\$51,175.00
MAMAWETAN CHURCHILL RIVER REGION	\$66,407.40
PHILIPS ELECTRONICS	\$25,031.45
MEDTRONIC OF CANADA LIMITED	\$35,388.59
METIS LOCAL #62	\$52,108.47
MEYERS NORRIS PENNY LLP	\$46,912.00
MEADOW LAKE TRIBAL COUNCIL	\$90,000.00
NIGHTINGALE GROUP NURSING	\$182,591.19
NORTHERN VILLAGE OF ILE A LA CRO	\$60,665.00
THE NORTH WEST COMPANY INC.	\$48,784.18
NORTHWEST CREDIT UNION	\$52,233.06
PUBLIC EMPLOYEES BENEFITS AGENCY	\$28,238.56
PUBLIC EMPLOYEES PENSION PLAN	\$41,851.84
RECEIVER GENERAL FOR CANADA	\$2,543,234.76
RYAN FITZPATRICK'S	\$74,087.86
SAHO- DENTAL	\$186,211.02
SAHO-D.I.P.	\$55,833.20
SAHO	\$37,103.65
SAHO-RETIREMENT PLAN	\$479,607.88
SCHAAN HEALTHCARE PRODUCTS	\$91,890.81
SOFTCHOICE CORPORATION	\$28,362.05
SYSCO SERCA FOOD SERVICES INC.	\$89,909.76
SGEU - LTD	\$29,226.45
SGEU	\$38,264.21
SASK. GOVERNMENT INSURANCE	\$59,077.74

SASK. HOUSING CORPORATION	\$98,372.24
SASK. POWER	\$89,489.87
SASKTEL	\$126,674.08
S.P.M.C./DISTRIBUTION CENTRE	\$30,660.62
SASK. PROPERTY MANAGEMENT CORP.	\$259,025.80
SASK. PROPERTY MANAGEMENT CORP.	\$287,019.72
ST. JOSEPH'S HOSPITAL	\$26,952.35
ST. JOSEPH'S HOSPITAL PHARMACY	\$97,699.49
SUPREME BASICS OFFICE PRODUCTS	\$50,427.50
VITALAIR HEALTHCARE	\$26,899.12
SASKATCHEWAN WORKER'S COMP BOARD	\$177,237.84
WARDELL, DRIEDGER, COTTON & RODG	<u>\$39,069.32</u>
Total	<u>\$6,802,022.92</u>

KYRHA Payee Disclosure List

Surname	First Name	Earnings and Allowances
AGUINALDO	ROSALINA	128,753.98
ALCROW	DOROTHY	11,664.81
ALMON	BONNIE	17,288.18
ARNAULT	WENDY	4,314.46
AUBICHON	RUTH	4,095.78
AUBICHON	LEONA	16,223.35
AUBICHON	SUZANNE	28,654.56
BAJO	ARNULFO	4,484.35
BALONE	FRED	11,826.74
BAYNES	STEPHANIE	14,903.23
BEAUDIN	VAUGHN	21,564.93
BELANGER	REBECCA	12,378.96
BELANGER	REBECCA	18,939.18
BILLETTE	MARGARET	35,582.11
BODNARUS	CARLA	32,502.37
BOURASSA	BARBRA	4,998.04
BOUVIER	JANICE	4,395.43
BOUVIER	WANDA	19,254.68
BOUVIER	MARIE	40,689.29
BRUNELLE	ELIZABETH	51,473.83
BUFFIN	BOBBY	3,529.92
CAISSE	ARMAND	8,661.23
CAISSE	CINDY	12,496.66
CAISSE	BERNICE	18,973.12
CAISSE	MARIE	29,779.52
CARDINAL	SANDY	16,103.31
CATARACT	TESSA	28,614.95
CATARAT	LAVINA	10,033.16
CHANDLER	JOCELYN	32,479.27
CHARTIER	PAUL	3,322.42
CHARTIER	BERTHA	32,253.80
CLARKE	J.SANDRA	7,140.94
CLARKE	CATHY	38,919.05
CLARKE	CATHY M	43,767.54
CLARKE	DAWN	46,512.08
CLARKE	SANDRA	52,222.20
CLARKE	JANET	58,622.66
CLARK-MUSSCHOOT	MELISSA	2,570.27
CORRIGAL	ANNA	60,682.88
COTE	DANIEL	15,613.61
COTE	KATHLEEN	67,976.29
CRANT	CARA	12,344.40
CUMMINGS	RICK	61,352.66
DAIGNEAULT	SHEENA	4,944.64
DAIGNEAULT	LEOLA	7,469.69
DAIGNEAULT	ROSEANNE	18,917.09
DAIGNEAULT	DIANIA	22,965.19
DAIGNEAULT	THERESE	27,492.82
DAIGNEAULT	ROBERT	46,653.45

KYRHA Payee Disclosure List

DE LOS REYES	SONIA	132,286.88
DESHARNAIS	SIMONNE	93,697.10
DESJARLAIS	DALE	9,974.33
DESJARLAIS	DENISE	50,911.64
DESMARAIS	DALE ANNE	3,214.86
DIACHINSKY	TONI	85,653.62
DOWNIE	BRENDA	17,569.07
DUBRULE	LOUIS	5,004.08
DUBRULE	ROBERT	59,675.52
DUBRULE-DUROCHER	DENISE	7,567.27
DUROCHER	PETER	5,059.51
DUROCHER	RACHEAL	10,569.19
DUROCHER	DOLORES	54,645.42
ELLIOTT	HILDA	48,706.01
FAVEL	MARIE	3,226.69
FAVEL	TEWANA	6,622.67
FAVEL	MARIE	16,710.23
FESALBON	ROSAL	122,706.10
FLETT	TED	16,952.20
FONTAINE	BARRY	9,995.72
FONTAINE	KIRK	25,525.57
FONTAINE	ALICIA	43,724.42
FORDE	MAUDLIN	39,103.68
FOWLER	JACQUELIN	18,390.58
FREDERIKSEN	WENDY	2,932.02
GABRIEL	SHAWNA	24,131.80
GALBRAITH	APRIL	7,540.01
GAMOLA	LEONARD	35,379.63
GARDINER	LEON	21,989.07
GARDINER	LAURA	30,591.52
GARDINER	IDA	32,231.66
GARDINER	JUNE	35,926.86
GAUTHIER	CARL	10,772.88
GAUTHIER	DONNA MAR	23,435.33
GAUTHIER SR.	CLYDE	3,870.80
GLASSER	TAMMY	30,771.19
GORDON	MAUREEN	31,056.12
GRAESSLI	AMANDA	9,392.44
GRAHAM	RITA	8,941.74
GRANDBOIS	THERESA	15,225.86
HALL	DIANNA	9,217.79
HANSEN	KAYLA	9,837.91
HANSEN	CINDY	49,096.93
HANSON	BRENDA	18,723.66
HERMAN	MARILYN	24,077.46
HERMAN	JUDY	28,829.53
HERMAN	TONY	32,392.82
HERMAN	KEVIN	34,159.73
HERMAN	SIMONE	53,374.54
HERMAN	DEAN	69,783.41
HNATOW	JUDY	37,418.80
HODGSON	ROBERTA	20,929.96

KYRHA Payee Disclosure List

HOUNSELL	TANYA	12,473.78
HURD	SHELLY	59,262.72
JANVIER	KATIE	4,408.73
JANVIER	CANDACE	4,944.01
JANVIER	ROSS	6,398.45
JANVIER	VANESSA	10,437.12
JANVIER	EDWINA	11,716.00
JANVIER	MILDRED	12,819.62
JANVIER	SHEILA	12,898.54
JANVIER	KYLIE	14,359.34
JANVIER	DORIS	17,228.23
JANVIER	CAROL	17,635.62
JANVIER	ANTOINETT	21,451.93
JANVIER	LUCIA	24,534.51
JANVIER	WINSTON	29,233.73
JANVIER	BETTY	30,469.37
JANVIER	LOUISE	31,979.65
JANVIER	CORDELLA	33,904.89
JANVIER	GERALD	34,420.00
JANVIER	IRENE	35,525.52
JANVIER	RITA	38,230.89
JANVIER	JOANNE	41,373.06
JANVIER	CAROL	50,309.05
JANVIER	LORNA	52,171.10
JARRETT	LINDA	14,716.24
JEAN	BRENDA	32,160.44
JONES	KALVIN	3,936.75
KIMBLEY	YVONNE	38,140.42
KISSICK	MARGARET	50,409.56
KLASSEN	NADINE	4,464.17
LALIBERTE	MELISSA	2,944.36
LALIBERTE	ALEXINA	4,799.42
LALIBERTE	PATRICIA	15,888.00
LALIBERTE	BERT	16,306.82
LALIBERTE	WANITA	19,057.20
LALIBERTE	VIANNEY	23,904.82
LALIBERTE	ALICE	33,878.82
LALIBERTE	LUCY	38,313.64
LALONDE	EDWARD	30,638.21
LAPLANTE	FLORA	23,669.35
LAPRISE	PAULINE	31,872.00
LEACH	KIRSTEN	48,060.52
LEMAIGRE	EDITH	20,291.61
LEMAIGRE	JOSEPHINE	27,544.00
LEMAIGRE	ROSANNE	28,191.35
LEMAIGRE	JUSTINE	31,795.09
LEMAIGRE	WILBERT	33,047.85
LEMAIGRE	JIM	43,737.75
LEMAIGRE	ANTOINETT	53,833.62
LEMIEUX	MAUREEN	3,191.50
LEPITZKI	JUDY	8,536.64
LESMEISTER	JOAN	12,153.81

KYRHA Payee Disclosure List

MACARTHUR	BRAD	7,712.59
MACDONALD	JUDY	2,756.00
MACDONALD	DEBBIE	7,184.88
MACPHEE	LINDA	17,081.64
MAURICE	FABIAN	13,821.27
MAURICE	BEATRICE	41,002.75
MAURICE	LINDA	44,651.24
MCCALLUM	CHERYLANN	3,128.80
MCCALLUM	KAREN	9,082.27
MCCALLUM	LAUREENA	12,114.59
MCCALLUM	KENNETH	17,890.56
MCGAUGHEY	CALVIN	47,155.15
MCLEAN	NOEL	27,765.59
MCMILLEN	JANICE	87,549.95
MIDGETT	LORI	59,707.20
MIHALICZ	MARIE	7,323.58
MISPONAS	EVELYN	33,552.97
MOISE	CLARA	33,172.23
MONTGRAND	IVAN	23,069.22
MONTGRAND	HARVEY	26,575.48
MONTGRANDE	DORAH	2,764.53
MOORE	MICHELLE	102,710.42
MORIN	CLARISSA	3,470.55
MORIN	APRIL	4,043.97
MORIN	CLARISSA	5,627.76
MORIN	CLARENCE	9,570.93
MORIN	HOWARD	10,312.83
MORIN	DARRYL	10,880.32
MORIN	MYRTLE	15,495.10
MORIN	ERNEST	16,877.08
MORIN	LYNN	32,192.75
MORIN	IDA	61,521.03
MURRAY	TAMARA	26,059.82
NATOMAGAN	MICHELLE	5,855.04
NELSON	ARLENE	6,575.68
NOLTCHO	DERRICK	22,085.03
NORMANDEAU	PATRICK	9,730.28
NORMANDEAU	EMMA	45,919.87
OCTUBRE	PENAFRANC	7,183.90
PARK	DIANNE	15,168.85
PARK	GLADYS	29,343.81
PARK	VIRGINIA	37,671.61
PAUL	FRANCOISE	46,391.62
PAUL	VIRGIL	53,341.04
PEDERSEN	TINA	15,214.06
PEDERSON	NADINE	31,589.83
PEDERSON	VAL	40,072.91
PERREAULT	ARMANDE	46,057.17
PHILLIPS	NORMAN	13,564.93
PICHE	LINDA	11,478.80
PICHE	ALICE	18,599.13
PICHE	DORILDA	31,897.17

KYRHA Payee Disclosure List

PICHE	BEATRICE	45,924.23
POINTER	JEAN	10,006.73
POTTER	DONNA	5,173.40
RAMSDELL	CATHIE	6,569.94
RATT	REBECCA	5,120.95
RAYMOND	MON-LISA	3,956.94
REDIRON	SANDY	4,429.92
REDIRON	SANDY	58,496.00
RIEMER	ANN	19,508.10
ROBSON	GLENDA	10,178.01
RODRIGUES	STEVEN	29,575.91
ROLLACK	ANITA	3,266.02
ROY	THRESSA	10,855.06
ROY	THERESA	16,234.17
ROY	LOUIS	49,934.98
ROY	GERALD	50,547.34
SAVOURY	HELEN	35,710.46
SERIGHT	SAMANTHA	5,160.97
SERIGHT	EVA	8,710.01
SERIGHT-GARDINER	PEARL	40,594.26
SHATILLA	CECILE	18,152.01
SHEWCHUK	JANET	47,368.23
SMITH	JO ANN	6,597.51
SOLOSKI	ADOLPH	93,736.11
SOLWAY	LORETTA	9,700.95
ST. PIERRE	PRISCILLA	35,925.12
STARKS	FAYE	37,953.16
STIRTON	KIM	55,064.96
STONE	DEBBIE	5,061.79
STONEHOUSE	LORRAINE	8,796.29
STRAND	JENNIFER	2,935.62
SYLVESTRE	BERNICE	9,939.61
SYLVESTRE	MARGARET	12,925.41
SYLVESTRE	COLLETTE	22,631.52
SYLVESTRE	SHEILA	31,797.94
TAYLOR	SHARON	21,468.15
THEISEN	DALE	16,120.77
THIESSEN	CHERYL	46,548.25
TINKER	PHYLLIS	41,547.16
TONDKAR	ZAHRA	15,610.96
UMPHERVILLE	WANDA	46,018.86
WAGENAAR	MATHILDA	28,846.21
WAITE	CANDICE	5,343.27
WALLACE	ROBIN	92,412.15
WELSH	BONNIE	129,774.22
WERMINSKY	GERALDINE	32,543.50
WILLIAMS	LLOYD	2,756.00
WILLIAMS	RONDA	33,278.56
YOUNG	PATRICIA	3,421.01
ZUTTER	SHARON	24,763.17
		\$ 6,850,154.38

KYRHA Payee Disclosure List

BIRD	BETTYANNE	45,418.32
BULLOCK	LLOYD	68,871.04
CANNING	ELLIS	69,024.65
CLARKE	IRIS	45,966.66
DELLEMAN	THOM	67,318.43
DILLER	RON	56,140.22
DUPUIS	EVELYN	63,080.89
GILLIS	CAROL	89,895.09
HANSON	JOLENE	32,984.04
KENDEL	LARRY	21,106.63
LEMAIGRE	VIOLET	58,308.52
MALBEUF	ELAINE	64,130.63
MONTGRAND	GLENDA	48,897.70
MUENCH	LYLA	43,736.88
PETIT	RICHARD	68,435.24
REDIRON	EDNA	4,991.83
SOLOMON	ZACHERY	63,594.92
STEININGER	KERRIE	39,760.42
		\$ 951,662.11



2003 - 2004
Annual Report

Addendum

Keewatin Yatthé Regional Health Authority Board of Directors

Rose Daigneault, Chairperson, Ile a la Crosse

David Seright, Vice Chairperson, Buffalo Narrows

Gloria Apesis, English River First Nation, Patuanak

Lester Herman, La Loche

John Janvier, La Loche

Stella Laliberte, Beauval

Annette Montgrand, La Loche

Dorah Montgrande, Buffalo River Dene Nation, Dillon

Ross Macleod, Buffalo Narrows

Louis Morin, Jans Bay

Yvette Morin, Ile a la Crosse

Tina Rasmussen, Green Lake

KEENEWAT VATTNE HEALTH REGION
CONSOLIDATED FINANCIALS OF

BOARD AS NEIGHBORHOOD & SERVICE MANAGEMENT, BUDGETS, AND ALL OTHERS
For the year ended March 31, 2004

Board Members	2004					2003				
	Amount Per Director	Amount Per Director	Amount Per Director	Other Expenses	Total	Amount Per Director	Amount Per Director	Amount Per Director	Other Expenses	Total
Chairman	\$ 13,815	\$ 6,150	\$ 6,150	\$ 16,347	\$ 36,312	\$ 9,435	\$ -	\$ -	\$ -	\$ 9,435
Board Members	\$ 6,835	\$ 3,060	\$ 3,060	\$ 10,280	\$ 23,435	\$ 3,265	\$ 1,450	\$ 1,450	\$ -	\$ 6,165
Board Members	\$ 9,380	\$ 3,880	\$ 3,880	\$ 12,170	\$ 27,310	\$ 8,465	\$ 1,614	\$ 1,614	\$ -	\$ 11,693
Board Members	\$ 8,880	\$ 4,180	\$ 4,180	\$ 13,270	\$ 26,310	\$ 4,974	\$ 1,339	\$ 1,339	\$ -	\$ 7,652
Board Members	\$ 9,275	\$ 4,307	\$ 4,307	\$ 13,286	\$ 26,868	\$ 8,247	\$ 1,810	\$ 1,810	\$ -	\$ 11,867
Board Members	\$ 3,210	\$ 2,434	\$ 2,434	\$ 8,044	\$ 13,078	\$ 1,549	\$ 648	\$ 648	\$ -	\$ 2,845
Board Members	\$ 3,575	\$ 3,358	\$ 3,358	\$ 3,358	\$ 10,291	\$ 3,490	\$ 833	\$ 833	\$ -	\$ 5,156
Board Members	\$ 7,465	\$ 4,044	\$ 4,044	\$ 10,477	\$ 21,986	\$ 4,640	\$ 1,375	\$ 1,375	\$ -	\$ 7,390
Board Members	\$ 5,445	\$ 3,880	\$ 3,880	\$ 10,280	\$ 19,605	\$ 3,253	\$ 1,118	\$ 1,118	\$ -	\$ 5,489
Board Members	\$ 3,375	\$ 1,810	\$ 1,810	\$ 4,315	\$ 9,895	\$ 4,680	\$ 1,118	\$ 1,118	\$ -	\$ 6,916
Board Members	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,460	\$ 14	\$ 14	\$ -	\$ 1,474
Board Members	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 109	\$ -	\$ -	\$ -	\$ 109
Board Members	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,498	\$ -	\$ -	\$ -	\$ 2,498
Board Members	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,830	\$ 70	\$ 70	\$ -	\$ 7,900
Board Members	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 913	\$ -	\$ -	\$ -	\$ 913
Board Members	\$ 1,308	\$ 1,462	\$ 1,462	\$ 314	\$ 3,544	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 31,980	\$ 14,367	\$ 14,367	\$ 50,261	\$ 106,915	\$ 48,367	\$ 13,918	\$ 13,918	\$ -	\$ 76,203

(1) Board members represent 10% and all other rates

(2) From August 1st, 2003.

(3) Includes amounts which relate to a number of Regional Health Authority Financial Statements in 2003.

Staff	2004					2003				
	Number of FTEs	Salary ⁽¹⁾	Benefits and Allowances ⁽²⁾	Sub-total	Amount	Number of FTEs	Salary ⁽¹⁾	Benefits and Allowances ⁽²⁾	Sub-total	Amount
Chief Executive Officer	1	\$ 94,304	\$ 10,275	\$ 104,579	\$ -	1	\$ 100,419	\$ -	\$ 100,419	\$ -
Senior Executive	-	-	-	-	-	-	-	-	-	-
Director of Corporate Services	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -
Director of HR	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -
Director of Community Based Services	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -
Director of Finance	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -
Director of Primary Health Services	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -	1	\$ 45,615	\$ 4,842	\$ 50,457	\$ -
Total	5	\$ 441,850	\$ 53,848	\$ 495,698	\$ -	5	\$ 441,850	\$ 53,848	\$ 495,698	\$ -

(1) Salary includes regular base pay, overtime, incentive payments, bonuses, and any other direct cash compensation including sick leave and vacation.

(2) Benefits and allowances include the employee's share of employer's share of pension, health, and employer's health insurance.

